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NASSAU COUNTY OFFICE
58 HILTON AVENUE
HEMPSTEAD, N.Y. 11550
(516) 352-1700

August 26, 2008

Michael A. Cardozo
Corporation Counsel
The City of New York
100 Church Street
New York, New York 10007

Attention: Shawn D. Fabian,
Assistant Corporation Counsel
Special Federal Litigation Division

Re: James Brown v. Donovan, et al.
No.: 08-CV-06133 (GEL)

Dear Mr. Fabian:

Enclosed please find our Initial Disclosure pursuant to Rule 26 of the Federal Rules of Civil Procedure.

The following are the items provided as plaintiff's Initial Disclosure:

1. Inmate Grievant's Statement Form dated April 24, 2007.
2. Letter Appeal (undated) to Ms. Breland, Deputy Warden of Security.
3. Hearing report and Notice of Disciplinary Disposition dated April 19-April 20, 2007, signed by James Brown and Captain A. Taylor (two-sided document).
4. Report and Notice of Infraction dated April 5, 2007.
5. Pro Se Notice of Claim dated April 24, 2007.
6. Disallowance based on insufficient proof from Office of the Comptroller dated May 10, 2007.

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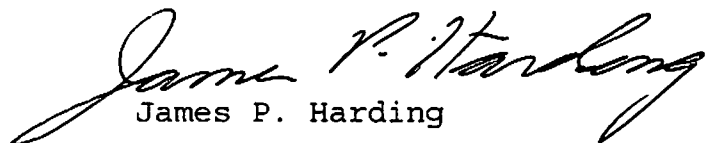
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21. People's Voluntary Disclosure Form filed in Supreme Court, New York County.

We will continue to provide Initial Disclosure as required. We believe that the enclosed make our Initial Disclosure substantially complete. We are still awaiting signed Authorizations from our client.

Do not hesitate to contact us should you have any questions.

Very truly yours,



James P. Harding

JPH/lr
Enclosures
via Priority Mail and via ECF

-----X

JAMES BROWN

Claimant,

NOTICE OF CLAIM

-against-

THE CITY OF NEW YORK,

Defendant.
-----X

TO: COMPTROLLER OF THE CITY OF NEW YORK:

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against the City of New York as follows: **I was severely assaulted by a Captain, my teethe were knocked out and my mandable crushed .**

1. The name and post-office address of the claimant is as follows:

Mr. **JAMES BROWN**
3490620801
G.R.V.C.
09-09 Hazen Street
East Elmhurst, NY 11370

2. The nature of the claim is as follows: **I was severely assaulted by a Capt. while I was in handcuffs, my face was smashed against a cell wall crushing my mandable. I had to have extensive surgery done too remove two teethe of mine, I also have a concussion to my head.**

3. The time when, the place where, and the manner in which the claim arose:

The assault against my person took place in the main Intake area in pen # 11, the time of Incident was 0925 HRS. I was handcuffed and severely assaulted by a Captain, I had to receive extensive surgery to have my teethe removed. I was assaulted by a Captain Donovan shield "# 787, several officers witnessed this assault and did not stop it.

4. The items of damage or injuries claimed are:

I had two teethe surgically removed, my mandable was crushed, I received upper and bottom sutures in my mouth, I have a head concussion, I have soreness to my neck, shoulders, and chest area.

The claim and demand is hereby presented for adjustment and payment.

PLEASE TAKE FURTHER NOTICE that by reason of the foregoing, in default of the City of New York to pay to the claimant his claim within the time limited for compliance with this demand by the City of New York by the applicable statutes, claimant intends to commence an action against the City of New York to recover his damages with interest and costs.

Pay claimant the sum of: TWENTY MILLION DOLLARS (20.000.000)

Dated: East Elmhurst, New York

April 24, 2007.

Respectfully yours,

JAMES BROWN

Claimant Pro-se

JAMES BROWN
James Brown

Sworn to before me this
27 day of April, 2007
[Signature]
NOTARY PUBLIC
Jared Caldwell
Commissioner of Deeds
City of New York #1-6863
New York County
Commission Expires March 1, 2009

I am the claimant above named; I have read the foregoing Notice of claim against the City of New York and know its contents; the same is true to my own knowledge, except as to those matters therein stated to be alleged on information and belief, and as to those matters I believe them to be true.

JAMES BROWN, being duly sworn, deposes and says:

STATE OF NEW YORK)
COUNTY OF BRONX) SS:

VERIFICATION

GRIEVANT'S STATEMENT FORM

Form 7316

Facility: G.R.V.C Grievance number: _____

Grievant's name: James Brown Date: April 24, 2007

This form should be hand written by the grievant only. It should be used as a work sheet from which grievance is typed onto the inmates Grievance Form and remains on file in the Grievant's Folder.

ID# 3490620801 Cat _____ House 1A-12 cell

On April 5, 2007 at the O.B.C.C. CORR. FAC. Approx. time of
Incident 0925 HRS. I was escorted to the main Intake In handcuffs,
while I was facing the wall I was brutally assaulted by Captain
Donovan while I was handcuffed behind my back. My teeethe were
knocked out and extensive surgery had to be performed on me ..

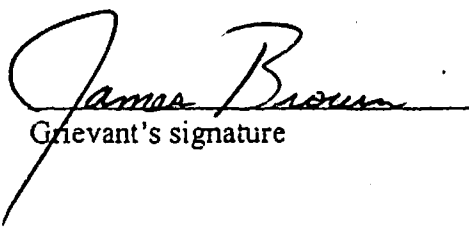
Action

Requested My grievant placed In file, full compensation to cover my
medical expenses, physical and mental compensation,

Grievant agrees to have his statement edited for clarification by the I.G.R.P.

April 24, 2007

Dated: _____


Grievant's signature

Witness I.G.R.P. Representative _____

09-09 Hazen Street (G.R.V.C.)
East Elmhurst, N.Y. 11370

Ms. Breland, W.D. Of Security
09-09 Hazen Street (G.R.V.C.)
East Elmhurst, N.Y. 11370

Dear Ms. Breland,

I James Brown respectfully write this appeal to you and pray, with the grace of God, that you can consider viewing the validity and merits of my situation, and In conclusion grant me relief from the punitive segregation unit.

Ma'am, I am clearly a victim of Departmental corruption, and my Infraction is merely a concocted report to cover up a untimely assault against my person that lead up to my receiving extensive Injuries that required Immediate surgery and had to be noted and accounted for with the medical dept. as well as the private investigating unit.

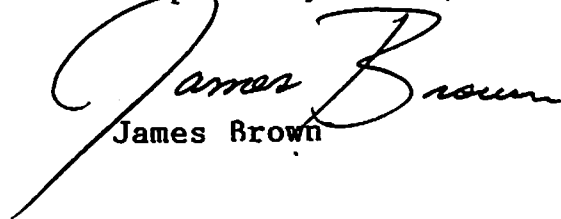
I was assaulted by a Captain Donovan while I was handcuffed behind my back, I diligently expressed all the out right blatant fabricated inconsistencies pertinent to my Infraction to the hearing Captain Taylor and yet, I was still found guilty of assault on staff. Capt. Taylors fact finding reasons of guilt was based on his investigation of all relevant reports by staff regarding this incident. In each "Use Of Force Report" there are different events and accounts as to what truly transpired, In which gives tremendous precedence to my steadfast convictions that I was brutally and viciously assaulted while I was handcuffed; and the fabricated reports are merely standard procedure attempting to cover up a assault against my person.

- done on my case to prepare an adequate defense to vindicate myself of alleged charges against my person. I cannot do much of anything if I'm to remain in this ungodly situation based on my being assaulted and the situation being maliciously swept under the rug to avoid a lawsuit that's inevitable in my circumstances, my teeth has to be replaced. Besides, the Captain has admitted to being the cause of the injuries I sustained. Please see " USE OF FORCE REPORT ".

In conclusion of my appeal to you, with all of the above said, I strongly feel the over all ramification of this situation has proven to be quite primitive and unjustly and unbecoming of the D.O.C. to say the least. Please inspect the reports governing this incident and view the tapes of my hearing, and thus you will see that I am innocent and I was merely a victim in this entire incident.

To receive or hear anything from you on this matter will be Greatly and Immensely appreciated. Thank You for your time, consideration, and over-all patience!!

Respectfully Yours,

A handwritten signature in cursive script that reads "James Brown". The signature is written in black ink and is positioned above the printed name "James Brown".

James Brown

James Brown # 3490620801

09-09 Hazen STREET

EAST ELMHURST, N.Y.

I JAMES BROWN AM APPEALING DISCIPLINARY DISPOSITION DATED
APRIL 20, 2007 INFRACTION # 283/07.

MY GROUNDS FOR APPEAL ARE AS FOLLOWS:

ALL PARTIES PERTAINING TO MY INFRACTION WROTE FABRICATED REPORTS OF CONFLICTING FALSE STATEMENTS AS TO THE EVENTS OF THE INCIDENT. PLEASE SEE OFFICER B. HOLCOMB # 15969 INITIAL INFRACTION AGAINST MY PERSON. HE STATES I PUNCHED CAPTAIN DONOVAN # 787 IN THE LEFT SIDE OF THE FACE, AND CAPTAIN DONOVAN DEFENDED HIMSELF BY THROWING PUNCHES TO THE SUBJECTS FACIAL AREA. HOWEVER, IN CAPTAINS DONOVAN USE OF FORCE REPORT HE STATES HE DEFENDED HIMSELF BY HITTING ME IN THE STOMACH AREA AND THROWING ME AGAINST THE WALL CAUSING MY FACE TO SMASH AGAINST THE WALL. HE NEVER STATED HE THREW PUNCHES TO MY FACIAL AREA AS OFFICER B. HOLCOMB STATES HE DID IN HIS REPORT. THIS GIVES SUFFICIENT ENOUGH EVIDENCE TO SUPPORT MY ALLEGATIONS THAT MY INFRACTION WAS COMPLETELY CONCOCTED TO SAY THE LEAST. FURTHERMORE, IN OFFICER SARNO OR SURIEL SUPPORTING REPORT STATES HE HEARD A NOISE FROM THE BACK AREA AND IMMEDIATELY RESPONDED TO THE AREA, IF THIS WAS TRUE THIS ALSO GIVES SUBSTANCE AND MERIT TO THE VALIDITY OF MY ARGUMENT THAT THE INFRACTION IS COMPLETELY FABRICATED. HOW IS IT POSSIBLE FOR OFFICER SARNO OR SURIEL TO BE PRESENT FIRST ON THE SCENE TO ASSIST CAPTAIN DONOVAN IN USING BODY CONTROL HOLDS TO PLACE ME ON THE FLOOR TERMINATING THE INCIDENT, WHEN IN FACT OFFICER B. HOLCOMB REPORT STATES HE OBSERVED ENTIRE INCIDENT, BUT YET HE PLAYED NO ACTIVE ROLE IN ASSISSTING CAPTAIN DONOVAN WORTH-SO-EVER AND MARELY ACTED AS A SILENT OBSERVER IS TOTALLY PERPOSTUROUS; AND DEFINETELY NOT THE STANDARDS, ETHICS, OR PROTOCOL OF THE D.O.C. RULES AND REGULATIONS.

THE EXTENT OF MY INJURIES SUSTAINED DUE TO CAPTAIN DONOVANS ASSAULT AGAINST MY PERSON ARE AS FOLLOWS:

TO THE INTAKE.

THE LAW LIBRARY ON MY OWN ACCORD BEFORE I WAS ACTUALLY HANDCUFFED AND ESCORTED AND PASSED SECURITY POINTS OF TWO DOORS AND TWO ESSENTIAL GATES ENROUTE TO TO ME TO BE ESCORTED TO THE INTAKE. IN FACT, I WAS GIVEN A LAW LIBRARY PASS OF ANY KIND OF MY BEING DISRUPTIVE IN 3 NORTH HOUSING AREA THAT WARRANTED THERE WAS NO MOTIVE AT ALL FOR ME TO ASSAULT ANYONE, AND THERE WAS NO REPORT IN CONCLUSION OF MY APPEAL, I WOULD LIKE IT TO BE NOTED THAT

RESPECTS TO CARE, CUSTODY, AND CONTROL.

PARTIES IN PARTICULAR NO BETTER THAN THE INMATES THEY GOVERN OVER IN - OF JUSTICE" AND REFLECTS THE D.O.C. IN A VERY POOR LIGHT THAT MAKES THE PROCEEDINGS OF THIS MATTER IS NOTHING MORE THAN A "SHAM" AND A "MISCARRAIGE- ME WHILE I WAS IN HANDCUFFS, AND THE INFRACTION, HEARING, AND INVESTIGATION - # 342) ARE MERELY AIDING AND ABETTING CAPTAIN DONOVANS CRIME OF ASSAULTING INCIDENT (INCLUDING INVESTIGATING CAPTAINS TAYLOR # 597 AND CAPT. ERSKINE - IN HANDCUFFS WAS PREMEDITATED, AND ALL OFFICERS THAT PARTICIPATED IN THIS CAPTAIN DONOVANS ASSAULT AGAINST MY PERSON WHILE I WAS

THE LEAST.

GIVES PRESDENCE TO MY CLAIMS THAT HIS REPORT WAS INDEED CONCOCTED TO SAY AND DEMONSTRATES CAPTAIN DONOVANS LACK OF PROFESSIONALISM AND ETHICS AND FAILURE TO TURN IN A USE OF FORCE REPORT IN A TIMELY MANNER, THIS REFLECTS- ADJOURNMENT OF ADJUDICATION CAPTAIN TAYLOR # 597 BASED ON CAPTAIN DONOVANS VIOLENCE ON ANYONE BE IT STAFF, INMATE, OR MYSELF. ALSO THERE WAS AN DRUGS OR ALCOHOL THAT COULD POSSIBLY RENDER ME IMPAIRED TO RESORT TO AFTER INCIDENT INWHICH I WAS CLEAN AND VOID OF ANY CHEMICAL MIND INDUCING ALSO A URINALYSIS TEST WAS IMMEDIATELY CONDUCTED ON ME IMMEDIATELY THEREIN MARKINGS ON MY HANDS THAT DICTATES SIGNS OF PHYSICAL VIOLENCE ON MY PART. I HAD PHOTO'S TAKEN OF MY HANDS TO SHOW THAT THERE WAS NO ABRASIVES OR IN ADDITION TO MY PLEA OF NOT GUILTY AND APPEAL OF THIS MATTER,

JAMES BROWN

RESPECTFULLY YOURS,

TO RECEIVE OR HEAR ANYTHING FROM YOU ON THIS MATTER WILL BE GREATLY AND IMMENSELY APPRECIATED. THANK YOU FOR YOUR TIME AND PATIENCE!!!

I RECEIVED 90 DAYS AT HEARING, WHEN IN FACT, IF MY INCIDENT WAS TRULY INVESTIGATED IN THE INTEREST OF JUSTICE, THE CORRECTIONAL STAFF INVOLVED IN THIS INCIDENT VERY OWN REPORTS WOULD EXONERATE ME BEYOND A SHADOW OF A DOUBT. I DID NOT ASSAULT ANY ONE, MY APPEAL IS BASED ON THE MANY CONFLICTING REPORTS OF WHAT THE STAFF HAD TO SAY ATTEMPTING TO COVER UP AN ASSAULT AGAINST MY PERSON, PLEASE VIEW ALL REPORTS OF PARTIES INVOLVED AND INCONCLUSION SEE THE VALIDITY AND MERITS OF MY CLAIMS OF NOT GUILTY AND EXONERATE ME OF CHARGE.

PLEASE NOTE THAT IT WOULD BE NATURAL REFLEXES AND SURVIVAL INSTINCTS FOR ANY ONE TO SHIELD OR BLOCK WITH HIS/HER ARM OR HANDS TO PREVENT OR BREAK A FULL FRONTAL FACIAL FALL AGAINST A WALL OR THE GROUND, I WAS DEPRIVED THAT OPPURTUNITY BECAUSE I WAS HANDCUFFED BEHIND MY BACK DURING THE ENTIRE TIME OF CAPTAIN DONOVANS ASSAULT AGAINST MY PERSON.

MY UPPER MANDIBLE WAS SEVERELY CRUSHED DUE TO THE FORCEFUL IMPACT OF MY FACE BEING VIOLENTLY SMASHED INTO THE WALL. I HAD TO HAVE EXTENSIVE SURGERY ON MY UPPER MANDIBLE, A FEW OF MY TEETH WERE IRREPAIRABLY DAMAGED AND HAD TO BE SURGICALLY REMOVED, MY UPPER AND BOTTOM GUM HAD TO RECEIVE SUBSTANTIAL AMOUNT OF SUTURES AS MY TEETH TORE THROUGH THEM FROM THE BRUTAL WAY MY FACE WAS SMASHED AGAINST THE WALL. I HAVE A CONCUSSION OF THE HEAD AND SERIOUS MIGRAINE HEADACHES DUE TO MY HEAD BEING BANGED SEVERAL TIMES ON THE WALL. MY VISION IS SLIGHTLY BLURRED AS A RESULT OF THIS ASSAULT AGAINST MY PERSON. I ALSO HAVE SEVERE SPEECH IMPEDIMENT PROBLEM NOW AS A RESULT OF MY TEETH BEING SURGICALLY REMOVED. THERE'S A SLIGHT DISFIGUREMENT OF MY FACIAL STRUCTURE AS MY UPPER LIP NOW HAS A INWARD INDENTION DUE TO A CRUSHED MANDIBLE AND LOSS OF TEETH. I HAVE ACUTE PHOBIA OF BEING HANDCUFFED AND FEAR OF BEING HANDCUFFED IN THE VICINITY OF ANY STAFF OF THE D.O.C. . I ALSO HAVE LOSS OF HEARING IN MY RIGHT EAR.

Ms. Breland, in all fairness, and in the interest of justice, I ask and implore you to please intervene and incorporate something withen reason to relieve me from a undeserving disposition of 90 days punitive segregation. I'm pleading with you Ma'am to please try to empathize with my situation and clearly see that I was handcuffed, beat up, teethe knocked out, facial - disfigurement, and other physical ailments bestowed upon me due to this incident. I was abruptly thrown in the Ring for 90 days (which is the entire - summer), and to add salt to a injury and open wound; I have a rather serious open criminal case I'm fighting that I can possibly receive a life sentence for. Being in punitive segregation makes my access to the law library very limited. I'm already at pre-trial hearings and I still have much needed work

It's to my understanding that the Captain who assaulted me has a history of assaulting inmates for any mis-deeds. It's clearly expected that he nor any of the staff involved will openly admit that I was unlawfully assaulted while in handcuffs, no one wants to be named as a defendant in a lawsuit action.

I'm quite sure that it's not considered protocol for each time potential resistance is met, that corporal punishment is implemented as a ending remedy. In addition to my defense of this matter, I am not mentally or psychologically ill, nor do I take any prescription or non prescription drugs that can alter my physical demeanor to react without any given cause, provocation, or warning in a violent way as a solvent to any potential would be issue. The initial situation was not grave or serious in nature like that to warrant a violent response from me as described in report.

I understand perfectly the dynamics of prison and how it's not designed to accomodate a individuals precise specifications as that of the Marriott hotel, untimely events can and will happen in prison. I do seriously ponder at what point, without the scrutiny of cameras and witnesses, do D.O.C staff level of professionalism and ethics are demonstrated and the integrity of the uniform is upheld with prestige and honor.

Ms. Breland, with respect, I cannot rightfully state that withen the D.O.C. it's considered code of ethics for one officer not to go against another, especially to side with that of a inmate.



**CORRECTION DEPARTMENT
CITY OF NEW YORK**

**ATTACHMENT
A**



REPORT AND NOTICE OF INFRACTION

Form: 6600A
Rev. : 02/09/07
Ref. : Dir. #6500R-B

Infraction #:	Institution: O.B.C.C.	Date of Incident: 04/05/2007	Date of Report: 04/05/2007
Inmate Name (Last, First): BROWN, JAMES		B&C/ Sentence #: 349-06-20801M	NYSID # 5513644R
Location of Incident (Be Specific): MAIN INTAKE PEN # 11		Housing Area Location 3 NORTH	Approximate Time of Incident: 0925 HRS.
Charge #	Offense	Charge #	Offense
101.10	Assault on Staff		
Reporting Official (Print Name, Rank and Shield #): B. HOLCOMB, OFFICER # 15969		Reporting Official (Signature): <i>[Signature]</i> 15969	

Details of Incident (Include details as to How, When and Where Infraction was Committed.) On April 5, 2007 at appx. 0925 hours while in the main intake pen # 11 inmate Brown, James # 3490620801M of housing area 3 North was being interviewed by Security Captain Donovan # 787 with regards to being disruptive in housing area 3 north. Capt Donovan upon removing the handcuffs from subject inmate without warning or provocation was punched on the left side of face by inmate Brown resulting in a assault on staff. Capt Donovan defended himself throwing punches to the subject's facial area. Officers S. Sarno # 16084 and J. Surriel # 14377 responded to the area and assisted Capt Donovan by using body control holds to place inmate Brown, James on the floor terminating the incident.

You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within Three (3) business days of the service of this notice. This Three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via Teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.

At your hearing you have the following rights:

1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive.
2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify.
3. Right to present material evidence.
4. Right to present witnesses.
5. Right to the assistance of a Hearing Facilitator if Adjudication Captain deems one is necessary.
6. Right to an interpreter if you cannot communicate well enough in English.
7. Right to appeal.

Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination:

1. Reprimand.
2. Loss of privileges.
3. Loss of good time if you are a sentenced inmate.
4. Punitive segregation for up to ninety (90) days per each applicable individual charge.
5. Restitution for intentionally damaging or destroying City property.

A twenty-five (\$25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.

Interpreter Requested:	<input type="checkbox"/> Yes (If yes, include what language)	<input checked="" type="checkbox"/> No
Hearing Facilitator Requested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Witness(es) Requested:	<input type="checkbox"/> Yes (If yes, include witness(es) Name, Book and Case Number (if inmate) or Shield/ID (if staff) and Location (if inmate) or Post (if staff).	
Witness (Print Name):	B&C Number:	Location:
Witness (Print Name):	B&C Number:	Location:
Witness (Print Name):	B&C Number:	Location:
Witness (Print Name):	B&C Number:	Location:
I certify that I received a copy of this notice: <i>[Signature]</i>		Date: 4/9/07
Served by (Print Name, Rank and Shield #): ER Sklar, Capt #342		Time: 1305

FACILITY COPY

HARDING & MOORE
ATTORNEYS AT LAW
80-59 LEFFERTS BOULEVARD
KEW GARDENS, NEW YORK 11415

JAMES P. HARDING
A. PATRICIA MOORE

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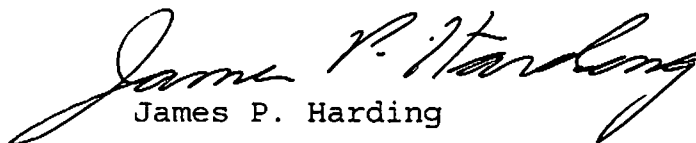
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Do not hesitate to contact us should you have any questions.

Very truly yours,



James P. Harding

JPH/lr
Enclosures
via Priority Mail and via ECF

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JAMES BROWN

Claimant,

NOTICE OF CLAIM

-against-

THE CITY OF NEW YORK,

Defendant.
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TO: COMPTROLLER OF THE CITY OF NEW YORK:

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2. The nature of the claim is as follows: **I was severely assaulted by a Capt. while I was in handcuffs, my face was smashed against a cell wall crushing my mandable. I had to have extensive surgery done too remove two teethe of mine, I also have a concussion to my head.**

3. The time when, the place where, and the manner in which the claim arose:

The assault against my person took place in the main Intake area in pen # 11, the time of Incident was 0925 HRS. I was handcuffed and severely assaulted by a Captain, I had to receive extensive surgery to have my teethe removed. I was assaulted by a Captain Donovan shield "# 787, several officers witnessed this assault and did not stop it.

4. The items of damage or injuries claimed are:

I had two teethe surgically removed, my mandable was crushed, I received upper and bottom sutures in my mouth, I have a head concussion, I have soreness to my neck, shoulders, and chest area.

The claim and demand is hereby presented for adjustment and payment.

PLEASE TAKE FURTHER NOTICE that by reason of the foregoing, in default of the City of New York to pay to the claimant his claim within the time limited for compliance with this demand by the City of New York by the applicable statutes, claimant intends to commence an action against the City of New York to recover his damages with interest and costs.

Pay claimant the sum of: TWENTY MILLION DOLLARS (20.000.000)

Dated: East Elmhurst, New York

April 24, 2007.

Respectfully yours,

JAMES BROWN

Claimant Pro-se

JAMES BROWN
James Brown

Sworn to before me this
27 day of April, 2007
[Signature]
NOTARY PUBLIC
Jared Caldwell
Commissioner of Deeds
City of New York, NY #1-6863
New York County
Commission Expires March 1, 2009

I am the claimant above named; I have read the foregoing Notice of claim against the City of New York and know its contents; the same is true to my own knowledge, except as to those matters therein stated to be alleged on information and belief, and as to those matters I believe them to be true.

JAMES BROWN, being duly sworn, deposes and says:

STATE OF NEW YORK)
COUNTY OF BRONX) SS:

VERIFICATION

GRIEVANT'S STATEMENT FORM

Form 7316

Facility: G.R.V.C Grievance number: _____

Grievant's name: James Brown Date: April 24, 2007

This form should be hand written by the grievant only. It should be used as a work sheet from which grievance is typed onto the inmates Grievance Form and remains on file in the Grievant's Folder.

ID# 3490620801 Cat _____ House 1A-12 cell

On April 5, 2007 at the O.B.C.C. CORR. FAC. Approx. time of
Incident 0925 HRS. I was escorted to the main Intake In handcuffs,
while I was facing the wall I was brutally assaulted by Captain
Donovan while I was handcuffed behind my back. My teeethe were
knocked out and extensive surgery had to be performed on me ..

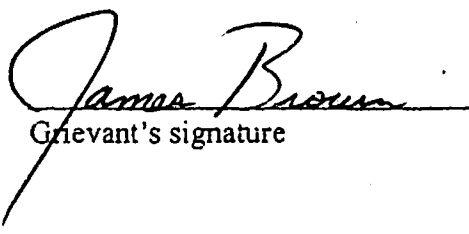
Action

Requested My grievant placed In file, full compensation to cover my
medical expenses, physical and mental compensation,

Grievant agrees to have his statement edited for clarification by the I.G.R.P.

April 24, 2007

Dated: _____


Grievant's signature

Witness I.G.R.P. Representative _____

James Brown 3490620801
09-09 Hazen Street (G.R.V.C.)
East Elmhurst, N.Y. 11370

Ms. Breland, W.D. Of Security
09-09 Hazen Street (G.R.V.C.)
East Elmhurst, N.Y. 11370

Dear Ms. Breland,

I James Brown respectfully write this appeal to you and pray, with the grace of God, that you can consider viewing the validity and merits of my situation, and In conclusion grant me relief from the punitive segregation unit.

Ma'am, I am clearly a victim of Departmental corruption, and my Infraction is merely a concocted report to cover up a untimely assault against my person that lead up to my receiving extensive Injuries that required Immediate surgery and had to be noted and accounted for with the medical dept. as well as the private investigating unit.

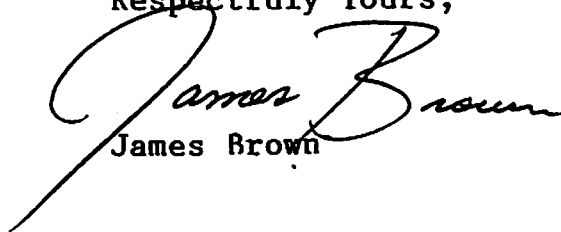
I was assaulted by a Captain Donovan while I was handcuffed behind my back, I diligently expressed all the out right blatant fabricated inconsistencies pertinent to my Infraction to the hearing Captain Taylor and yet, I was still found guilty of assault on staff. Capt. Taylors fact finding reasons of guilt was based on his investigation of all relevant reports by staff regarding this incident. In each "Use Of Force Report" there are different events and accounts as to what truly transpired, In which gives tremendous precedence to my steadfast convictions that I was brutally and viciously assaulted while I was handcuffed; and the fabricated reports are merely standard procedure attempting to cover up a assault against my person.

- done on my case to prepare an adequate defense to vindicate myself of alleged charges against my person. I cannot do much of anything if I'm to remain in this ungodly situation based on my being assaulted and the situation being maliciously swept under the rug to avoid a lawsuit that's inevitable in my circumstances, my teeth has to be replaced. Besides, the Captain has admitted to being the cause of the injuries I sustained. Please see " USE OF FORCE REPORT ".

In conclusion of my appeal to you, with all of the above said, I strongly feel the over all ramification of this situation has proven to be quite primitive and unjustly and unbecoming of the D.O.C. to say the least. Please inspect the reports governing this incident and view the tapes of my hearing, and thus you will see that I am innocent and I was merely a victim in this entire incident.

To receive or hear anything from you on this matter will be Greatly and Immensely appreciated. Thank You for your time, consideration, and over-all patience!!

Respectfully Yours,


James Brown

09-09 Hazen STREET
EAST ELMHURST, N.Y.

I JAMES BROWN AM APPEALING DISCIPLINARY DISPOSITION DATED
APRIL 20, 2007 INFRACTION # 283/07.

MY GROUNDS FOR APPEAL ARE AS FOLLOWS:

ALL PARTIES PERTAINING TO MY INFRACTION WROTE FABRICATED REPORTS OF CONFLICTING FALSE STATEMENTS AS TO THE EVENTS OF THE INCIDENT. PLEASE SEE OFFICER B. HOLCOMB # 15969 INITIAL INFRACTION AGAINST MY PERSON. HE STATES I PUNCHED CAPTAIN DONOVAN # 787 IN THE LEFT SIDE OF THE FACE, AND CAPTAIN DONOVAN DEFENDED HIMSELF BY THROWING PUNCHES TO THE SUBJECTS FACIAL AREA. HOWEVER, IN CAPTAINS DONOVAN USE OF FORCE REPORT HE STATES HE DEFENDED HIMSELF BY HITTING ME IN THE STOMACH AREA AND THROWING ME AGAINST THE WALL CAUSING MY FACE TO SMASH AGAINST THE WALL. HE NEVER STATED HE THREW PUNCHES TO MY FACIAL AREA AS OFFICER B. HOLCOMB STATES HE DID IN HIS REPORT. THIS GIVES SUFFICIENT ENOUGH EVIDENCE TO SUPPORT MY ALLEGATIONS THAT MY INFRACTION WAS COMPLETELY CONCOCTED TO SAY THE LEAST. FURTHERMORE, IN OFFICER SARNO OR SURIEL SUPPORTING REPORT STATES HE HEARD A NOISE FROM THE BACK AREA AND IMMEDIATELY RESPONDED TO THE AREA, IF THIS WAS TRUE THIS ALSO GIVES SUBSTANCE AND MERIT TO THE VALIDITY OF MY ARGUMENT THAT THE INFRACTION IS COMPLETELY FABRICATED. HOW IS IT POSSIBLE FOR OFFICER SARNO OR SURIEL TO BE PRESENT FIRST ON THE SCENE TO ASSIST CAPTAIN DONOVAN IN USING BODY CONTROL HOLDS TO PLACE ME ON THE FLOOR TERMINATING THE INCIDENT, WHEN IN FACT OFFICER B. HOLCOMB REPORT STATES HE OBSERVED ENTIRE INCIDENT, BUT YET HE PLAYED NO ACTIVE ROLE IN ASSISSTING CAPTAIN DONOVAN WORTH-SO-EVER AND MARELY ACTED AS A SILENT OBSERVER IS TOTALLY PERPOSTUROUS; AND DEFINETELY NOT THE STANDARDS, ETHICS, OR PROTOCOL OF THE D.O.C. RULES AND REGULATIONS.

THE EXTENT OF MY INJURIES SUSTAINED DUE TO CAPTAIN DONOVANS ASSAULT AGAINST MY PERSON ARE AS FOLLOWS:

TO THE INTAKE.

THE LAW LIBRARY ON MY OWN ACCORD BEFORE I WAS ACTUALLY HANDCUFFED AND ESCORTED AND PASSED SECURITY POINTS OF TWO DOORS AND TWO ESSENTIAL GATES ENROUTE TO TO ME TO BE ESCORTED TO THE INTAKE. IN FACT, I WAS GIVEN A LAW LIBRARY PASS OF ANY KIND OF MY BEING DISRUPTIVE IN 3 NORTH HOUSING AREA THAT WARRANTED THERE WAS NO MOTIVE AT ALL FOR ME TO ASSAULT ANYONE, AND THERE WAS NO REPORT IN CONCLUSION OF MY APPEAL, I WOULD LIKE IT TO BE NOTED THAT

RESPECTS TO CARE, CUSTODY, AND CONTROL.

PARTIES IN PARTICULAR NO BETTER THAN THE INMATES THEY GOVERN OVER IN - OF JUSTICE" AND REFLECTS THE D.O.C. IN A VERY POOR LIGHT THAT MAKES THE PROCEEDINGS OF THIS MATTER IS NOTHING MORE THAN A "SHAM" AND A "MISCARRAIGE- ME WHILE I WAS IN HANDCUFFS, AND THE INFRACTION, HEARING, AND INVESTIGATION - # 342) ARE MERELY AIDING AND ABETTING CAPTAIN DONOVANS CRIME OF ASSAULTING INCIDENT (INCLUDING INVESTIGATING CAPTAINS TAYLOR # 597 AND CAPT. ERSKINE - IN HANDCUFFS WAS PREMEDITATED, AND ALL OFFICERS THAT PARTICIPATED IN THIS CAPTAIN DONOVANS ASSAULT AGAINST MY PERSON WHILE I WAS

THE LEAST.

GIVES PRESDENCE TO MY CLAIMS THAT HIS REPORT WAS INDEED CONCOCTED TO SAY AND DEMONSTRATES CAPTAIN DONOVANS LACK OF PROFESSIONALISM AND ETHICS AND FAILURE TO TURN IN A USE OF FORCE REPORT IN A TIMELY MANNER, THIS REFLECTS- ADJOURNMENT OF ADJUDICATION CAPTAIN TAYLOR # 597 BASED ON CAPTAIN DONOVANS VIOLENCE ON ANYONE BE IT STAFF, INMATE, OR MYSELF. ALSO THERE WAS AN DRUGS OR ALCOHOL THAT COULD POSSIBLY RENDER ME IMPAIRED TO RESORT TO AFTER INCIDENT INWHICH I WAS CLEAN AND VOID OF ANY CHEMICAL MIND INDUCING ALSO A URINALYSIS TEST WAS IMMEDIATELY CONDUCTED ON ME IMMEDIATELY THEREIN MARKINGS ON MY HANDS THAT DICTATES SIGNS OF PHYSICAL VIOLENCE ON MY PART. I HAD PHOTO'S TAKEN OF MY HANDS TO SHOW THAT THERE WAS NO ABRASIVES OR IN ADDITION TO MY PLEA OF NOT GUILTY AND APPEAL OF THIS MATTER,

JAMES BROWN

RESPECTFULLY YOURS,

TO RECEIVE OR HEAR ANYTHING FROM YOU ON THIS MATTER WILL BE GREATLY AND IMMENSELY APPRECIATED. THANK YOU FOR YOUR TIME AND PATIENCE!!!

I RECEIVED 90 DAYS AT HEARING, WHEN IN FACT, IF MY INCIDENT WAS TRULY INVESTIGATED IN THE INTEREST OF JUSTICE, THE CORRECTIONAL STAFF INVOLVED IN THIS INCIDENT VERY OWN REPORTS WOULD EXONERATE ME BEYOND A SHADOW OF A DOUBT. I DID NOT ASSAULT ANY ONE, MY APPEAL IS BASED ON THE MANY CONFLICTING REPORTS OF WHAT THE STAFF HAD TO SAY ATTEMPTING TO COVER UP AN ASSAULT AGAINST MY PERSON, PLEASE VIEW ALL REPORTS OF PARTIES INVOLVED AND INCONCLUSION SEE THE VALIDITY AND MERITS OF MY CLAIMS OF NOT GUILTY AND EXONERATE ME OF CHARGE.

PLEASE NOTE THAT IT WOULD BE NATURAL REFLEXES AND SURVIVAL INSTINCTS FOR ANY ONE TO SHIELD OR BLOCK WITH HIS/HER ARM OR HANDS TO PREVENT OR BREAK A FULL FRONTAL FACIAL FALL AGAINST A WALL OR THE GROUND, I WAS DEPRIVED THAT OPPURTUNITY BECAUSE I WAS HANDCUFFED BEHIND MY BACK DURING THE ENTIRE TIME OF CAPTAIN DONOVANS ASSAULT AGAINST MY PERSON.

MY UPPER MANDIBLE WAS SEVERELY CRUSHED DUE TO THE FORCEFUL IMPACT OF MY FACE BEING VIOLENTLY SMASHED INTO THE WALL. I HAD TO HAVE EXTENSIVE SURGERY ON MY UPPER MANDIBLE, A FEW OF MY TEETH WERE IRREPAIRABLY DAMAGED AND HAD TO BE SURGICALLY REMOVED, MY UPPER AND BOTTOM GUM HAD TO RECEIVE SUBSTANTIAL AMOUNT OF SUTURES AS MY TEETH TORE THROUGH THEM FROM THE BRUTAL WAY MY FACE WAS SMASHED AGAINST THE WALL. I HAVE A CONCUSSION OF THE HEAD AND SERIOUS MIGRAINE HEADACHES DUE TO MY HEAD BEING BANGED SEVERAL TIMES ON THE WALL. MY VISION IS SLIGHTLY BLURRED AS A RESULT OF THIS ASSAULT AGAINST MY PERSON. I ALSO HAVE SEVERE SPEECH IMPEDIMENT PROBLEM NOW AS A RESULT OF MY TEETH BEING SURGICALLY REMOVED. THERE'S A SLIGHT DISFIGUREMENT OF MY FACIAL STRUCTURE AS MY UPPER LIP NOW HAS A INWARD INDENTION DUE TO A CRUSHED MANDIBLE AND LOSS OF TEETH. I HAVE ACUTE PHOBIA OF BEING HANDCUFFED AND FEAR OF BEING HANDCUFFED IN THE VICINITY OF ANY STAFF OF THE D.O.C. . I ALSO HAVE LOSS OF HEARING IN MY RIGHT EAR.

Ms. Breland, in all fairness, and in the interest of justice, I ask and implore you to please intervene and incorporate something withen reason to relieve me from a undeserving disposition of 90 days punitive segregation. I'm pleading with you Ma'am to please try to empathize with my situation and clearly see that I was handcuffed, beat up, teethe knocked out, facial - disfigurement, and other physical ailments bestowed upon me due to this incident. I was abruptly thrown in the Ring for 90 days (which is the entire - summer), and to add salt to a injury and open wound; I have a rather serious open criminal case I'm fighting that I can possibly receive a life sentence for. Being in punitive segregation makes my access to the law library very limited. I'm already at pre-trial hearings and I still have much needed work

It's to my understanding that the Captain who assaulted me has a history of assaulting inmates for any mis-degots. It's clearly expected that he nor any of the staff involved will openly admit that I was unlawfully assaulted while in handcuffs, no one wants to be named as a defendant in a lawsuit action.

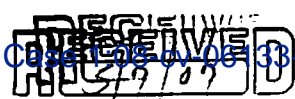
I'm quite sure that it's not considered protocol for each time potential resistance is met, that corporal punishment is implemented as a ending remedy. In addition to my defense of this matter, I am not mentally or psychologically ill, nor do I take any prescription or non prescription drugs that can alter my physical demeanor to react without any given cause, provocation, or warning in a violent way as a solvent to any potential would be issue. The initial situation was not grave or serious in nature like that to warrant a violent response from me as described in report.

I understand perfectly the dynamics of prison and how it's not designed to accomodate a individuals precise specifications as that of the Marriott hotel, untimely events can and will happen in prison. I do seriously ponder at what point, without the scrutiny of cameras and witnesses, do D.O.C staff level of professionalism and ethics are demonstrated and the integrity of the uniform is upheld with prestige and honor.

Ms. Breland, with respect, I cannot rightfully state that withen the D.O.C. it's considered code of ethics for one officer not to go against another, especially to side with that of a inmate.

CORRECTION DEPARTMENT CITY OF NEW YORK		ATTACHMENT A			
REPORT AND NOTICE OF INFRACTION				Form: 6600A Rev. : 02/09/07 Ref. : Dir. #6500R-B	
Infraction #:	Institution:	Date of Incident:	Date of Report:		
	O.B.C.C.	04/05/2007	04/05/2007		
Inmate Name (Last, First):	B&C/	Sentence #:	NYSID #		
BROWN, JAMES		349-06-20801M	# 5513644R		
Location of Incident (Be Specific):	Housing Area	Approximate Time of Incident:			
MAIN INTAKE PEN # 11	3 NORTH	0925 HRS.			
Charge #	Offense	Charge #	Offense		
101.10	Assault on Staff				
Reporting Official (Print Name, Rank and Shield #):		Reporting Official (Signature):			
B. HOLCOMB, OFFICER # 15969		<i>[Signature]</i> 15969			
Details of Incident (Include details as to How, When and Where Infraction was Committed.) On April 5, 2007 at appx. 0925 hours while in the main intake pen # 11 inmate Brown, James # 3490620801M of housing area 3 North was being interviewed by Security Captain Donovan # 787 with regards to being disruptive in housing area 3 north. Capt Donovan upon removing the handcuffs from subject inmate without warning or provocation was punched on the left side of face by inmate Brown resulting in a assault on staff. Capt Donovan defended himself throwing punches to the subject's facial area. Officers S. Sarno # 16084 and J. Surriel # 14377 responded to the area and assisted Capt Donovan by using body control holds to place inmate Brown, James on the floor terminating the incident.					
You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within Three (3) business days of the service of this notice. This Three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via Teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.					
At your hearing you have the following rights: <ol style="list-style-type: none"> 1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive. 2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify. 3. Right to present material evidence. 4. Right to present witnesses. 5. Right to the assistance of a Hearing Facilitator if Adjudication Captain deems one is necessary. 6. Right to an interpreter if you cannot communicate well enough in English. 7. Right to appeal. 					
Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination: <ol style="list-style-type: none"> 1. Reprimand. 2. Loss of privileges. 3. Loss of good time if you are a sentenced inmate. 4. Punitive segregation for up to ninety (90) days per each applicable individual charge. 5. Restitution for intentionally damaging or destroying City property. 					
A twenty-five (\$25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.					
Interpreter Requested: <input type="checkbox"/> Yes (If yes, include what language) <input checked="" type="checkbox"/> No					
Hearing Facilitator Requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Witness(es) Requested: <input type="checkbox"/> Yes (If yes, include witness(es) Name, Book and Case Number (if inmate) or Shield/ID (if staff) and Location (if inmate) or Post (if staff). <input checked="" type="checkbox"/> No					
Witness (Print Name):		B&C Number:		Location:	
Witness (Print Name):		B&C Number:		Location:	
Witness (Print Name):		B&C Number:		Location:	
Witness (Print Name):		B&C Number:		Location:	
I certify that I received a copy of this notice:		Signature:		Date:	Time:
<i>[Signature]</i>		<i>[Signature]</i>		4/9/07	1305
Served by (Print Name, Rank and Shield #):		Signature of Server:			
ER Sklar # 1342		<i>[Signature]</i>			

FACILITY COPY



Claimant,

NOTICE OF CLAIM

James Brown

-against-

The City Of NewYork,

Defendant.

To: Comptroller Of The City Of NewYork

Please take notice that the claimant herein hereby makes claim and demand against the City Of NewYork as follows: I James Brown was brutally and viciously attacked and assaulted by a Captain while I was In handcuffs behind my back. This Incident happened on April 5, 2007 at the O.B.C.C. CORR. FAC. : 1600 Hazen Street, East Elmhurst, N.Y. 11370.

1. The name and post-office address of the claimant is as follows:

Mr. James Brown # 3490620801
09-09 Hazen Street (G.R.V.C.)
EAST ELMHURST, N.Y. 11370

2. The nature of the claim is as follows:

I was brutally and viciously assaulted by a Captain while I was handcuffed behind my back by a Captain, my upper Mandable was severely crushed due to the forceful Impact of my face being violently smashed Into the wall. I had to have extensive surgery on my upper Mandable, a few of my teethe were Irreparably damaged and had to be surgically removed. My upper and bottom gum had to receive substantial amount of sutures as my teethe tore through the gums from the brutal way my face was smashed against the wall. I have a concussion of the head and serious migraine headaches due to my head being banged several of times on the wall by the Captain. My vision is slightly blurred as a result of this assault against my person. I also have a severe speach Impediment problem now as a result of my teethe being

- surgically removed . I have a slight disfigurement of my facial structure as above my upper lip I now have a Inward Indention due to a crushed mandible and loss of teeth. I have loss of hearing in my right ear, and I have an acute Phobia of being handcuffed within the vicinity of any Corr. Officer In the D.O.C. . The Captain who assaulted me has admitted to this assault against my person in his "Use Of Force Report", extreme excessive use of force and cruel and unusual punishment and extensive Injuries against my person is a blatant violation against my civil rights. The Captain who assaulted me name is Donovan # 787.

3. The time when, the place where, and the manner in which the claim arose:

The assault against my person took place in the Main Intake area in pen # 11, the time of Incident was 0925 HRS. I was severely assaulted by a Captain while I was in handcuffs, I had to receive extensive surgery to have my teeth removed and other serious Injuries. A few officers witnessed this assault and did not stop it.

4. The items of damage or injuries claimed are:

My teeth had to be surgically removed, I have a speech Impediment problem as a result of my injuries, I have loss of hearing In my right ear, I suffer a head concussion and migraine headaches, I have slightly blurred vision, and my upper Mandible is severely crushed. I also have a disfigurement above my upper lip as I suffer from a Inward Indention as a result of my Injuries that now makes my facial structure disfigured. I have soreness to my neck, shoulders, and chest area. **PLEASE SEE MY MEDICAL RECORDS.**

The claim and demand is hereby presented for adjustment and payment.

Please Take Further Notice that by reason of the foregoing, in default of the City Of NewYork to pay to the claimant his claim within the time limited for compliance with this demand by the City Of NewYork by the applicable statutes, claimant intends to commence an action against the City Of NewYork to recover his damages with interest and cost.

- Pay claimant the sum of: Twenty Million Dollars (20.000.000)

09-09 Hazen Street
East Elmhurst, N.Y. 11370

Dated: April 24, 2007.

Respectfully Yours,

James Brown

CLAIMANT PRO-SE

VERIFICATION

STATE OF NEW YORK)
COUNTY OF BRONX) SS.:

JAMES BROWN, being duly sworn, deposes and says:

I am the claimant above named; I have read the foregoing Notice of claim against the City of New York and know its contents; the same is true to my own knowledge, except as to those matters therein stated to be alleged on information and belief, and as to those matters I believe them to be true.

JAMES BROWN

James Brown

Sworn to before me this

24 day of *April*, 200*7*

[Signature]
NOTARY PUBLIC

Jewel Caldwell
Commissioner of Deeds
City of New York No #1-6863
New York County
Commission Expires March 1, *2009*



WILLIAM C. THOMPSON, JR.
COMPTROLLER

015-158

Date: 5/10/2007

RE: Disallowance - Insuff. Proof

JAMES BROWN 3490620801

Claim number: 2007PI013676

Agency: DEPT. OF CORRECTION

JAMES BROWN 3490620801
09-09 HAZEN ST
E ELMHURST, NY 11370

Your claim has been disallowed. You failed to provide one of the following items: the date, location and description of the alleged accident and the manner in which the claim arose, as required by General Municipal Law Section 50-e.

If you wish to pursue your claim you must start an action within one year and ninety days from the date of occurrence.

If you have been scheduled for a Comptroller's hearing pursuant to General Municipal Law, Section 50-h) you should deem the hearing canceled.

Bureau of Law & Adjustment

By: Verna Baptiste

PERSONAL INJURY
(212) 669-4445

Claimant,

NOTICE OF CLAIM

James Brown

-against-

The City Of Newyork

Defendant,

To: Comptroller Of The City Of Newyork

Please take notice that the claimant herein hereby makes claim and demand against the City Of Newyork as follows: On April 5th, 2007 at the O.B.C.C. CORR. FAC. 1600 Hazen Street, East Elmhurst, N.Y. 11370. I James Brown was viciously and brutally attacked by a Captain while I was in handcuffs behind my back.

1. The name and post-office address of the claimant is as follows:

Mr. James Brown # 3490620801
09-09 Hazen Street (G.R.V.C.)
East Elmhurst, Newyork. 11370

2. The nature of the claim is as follows:

On April 5, 2007 I was viciously and brutally assaulted by a Captain while I was handcuffed behind my back at the O.B.C.C. CORR. FAC. located at 1600 Hazen Street, East Elmhurst N.Y. 11370 . The incident took place at the intake back area in pin # 11. My face was severely smashed against a wall immediately crushing my upper Gums, I received extensive surgery on my upper Gums. A few of my teethe were instantly broken and irreparably damaged and had to be surgically removed. My upper and bottom Gums and lips had to receive substantial amount of sutures as my teethe tore through them from the brutal way my face was smashed against the wall. I have a concussion of the head and serious migraine headaches due to my head being banged several of times against the wall. My vision is slightly blurred as a result of this incident. I also have a severe speach impediment problem.

I have a slight disfigurement of my facial structure as my upper lip now have a inward indention due to a crushed Gum and loss of teethe. I have loss of hearing in my right ear, I feel I have Post Traumatic Stress Disorder. I have developed a phobia and severely fear being handcuffed withen the vicinity of any Law Enforcement Personnel. The Captain who assaulted me has admitted to this assault in his "use of force report", extreme excessive use of force and cruel and unusual punishment causing extensive injuries against my person is a blatant violation against my civil rights. The Captain who assaulted me name is Donovan # 787.

3. The time when, the place where, and the manner Inwhich the claim arose:

On April 5, 2007 at the O.B.C.C. CORR. FAC. 1600 Hazen Street East Elmhurst, N.Y. 11370. The assault against my person took place in the main intake in pin # 11, and the time of incident was 0925 HRS. I was severely assaulted by a Captain while I was handcuffed behind my back. A few officers witnessed this assault against my person and did not stop it.

4. The items of damage or injuries claimed are:

I received extensive surgery on my upper gums, several of my teethe had to be surgically removed, I have slight facial disfigurement, my eye sight is blurred, I have loss of hearing in my right ear, I have a head concussion and migraine headaches, I received substantial amount of sutures in my upper Gums and my upper and bottom lips received substantial amount of sutures, I have soreness to my neck, shoulders, and chest area. I have Post Traumatic Stress Disorder as a result of this incident. I have developed a phobia and seriously fear being handcuffed in the vicinity of any Law Enforcement Personnel. I also have digestive and defecation issues. Please view my medical records.

The claim and demand is hereby presented for adjustment and payment.

Please take further notice that by reason of the foregoing, in default of the City Of Newyork to pay to the claimant his claim withen the time limited for compliance with this demand by the

City Of Newyork by the applicable statutes, claimant intends to commence an action against the City Of Newyork to recover his damages with interest and cost.

Pay claimant the sum of: Twenty Million Dollars (20,000.000)

09-09 Hazen Street (G.RV.C.)
East Elmhurst, N.Y. 11370

Dated: May 19, 2007

Respectfully Yours,

A handwritten signature in cursive script that reads "James Brown". The signature is written in dark ink and is positioned above a horizontal line.

James Brown

Claimant Pro-Se

VERIFICATION

STATE OF NEWYORK)
COUNTY OF BRONX)SS:

James Brown, being duly sworn and says:

I am the claimant above named, I have read the foregoing Notice Of Claim against The City Of Newyork and know its contents, the same is true to my own knowledge, except as to those matters therein stated to be alleged on information and belief, and as to those matters I believe them to be true.

James Brown

James Brown

Sworn to before me this

19th day of May 2007

Notary Public

Alfonso A. Reyes

ALFONSO A. REYES
COMMISSIONER OF DEEDS, CITY OF NEW YORK
NO. 4-6838 CERT. FILED IN NEW YORK COUNTY
COMMISSION EXPIRES 01 JAN 2009



WILLIAM C. THOMPSON, JR.
COMPTROLLER

015-151

Date: 5/9/2007
RE: Acknowledgment - Tort
JAMES BROWN 3490620801
Claim number: 2007PI013676

JAMES BROWN 3490620801
09-09 HAZEN ST
E ELMHURST, NY 11370

Receipt is hereby acknowledged of your claim. Please refer to the above claim number on any correspondence or inquiry you may have with this office.

Your claim is currently under investigation. Please be aware of the fact that we receive thousands of claims each year. Once we have completed our investigation, we may be in a position to make a settlement offer. It is also possible, however, that we will not. If we are unable for any reason to settle or resolve your claim and you wish to pursue your claim, you may bring a lawsuit against the City, if it is **started within one year ninety days from the date of the occurrence.**

Please note that property damage claims can take several months to investigate because, as part of our investigation, we must obtain necessary reports. We would appreciate it if you take this into account before calling us regarding the status of your claim. If, however, you have any other questions regarding your claim, please feel free to contact us.

Michael Aaronson
Bureau Chief
Bureau of Law and Adjustment



199 WATER STREET NEW YORK, N.Y. 10038 TEL: 212-577-3530 FAX: 212-509-8433 www.legal-aid.org

Theodore A. Levine
President

Steven Banks
Attorney-in-Chief

John Boston
Project Director
Prisoners' Rights Project

June 18, 2007

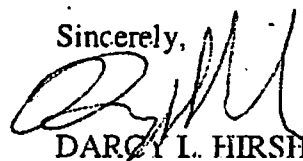
James Brown
349-66-20801
GRVC
09-09 Hazen Street
East Elmhurst, NY 11370

Dear Mr. Brown:

Enclosed is a letter written on your behalf to Mr. Richard White Deputy Commissioner of Investigations and Ms. Florence Hutner, General Counsel of the Department of Corrections. We will advise you of any response we receive.

In the meantime, please let us know if you receive any response or there is any further investigation into this matter. Please do not hesitate to contact us if you have any further questions on this matter.

Sincerely,


DARCY L. HIRSH
Legal Assistant

Engles
V
Tolo
SD
CV 82796



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Theodore A. Levine
President

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Attorney-in-Chief

John Boston
Project Director
Prisoners' Rights Project

June 7, 2007

BY FAX

Mr. Richard White
Deputy Commissioner, Investigations
Department of Correction
60 Hudson Street
New York, NY, 10013

Re: James Brown
349-06-20801
GRVC

Dear Deputy Commissioner White:

I am writing to request an investigation into an incident in which Mr. Brown alleges that he was subject to excessive and unnecessary force orchestrated and implemented by Captain Donovan on April 5, 2007 at OBCC at or around 9:25 a.m. Mr. Brown sustained serious injuries to his teeth, face, and head. Jonathan Chasan and I met with Mr. Brown at GRVC on June 5, 2007.

Mr. Brown has alleged to us that on April 5th he was on the way to the law library when an alarm sounded elsewhere in the jail and he was stopped, handcuffed, taken to intake and put in a pen. Two officers, Officer Sarno and Officer Suriel, were in the pen and stood on either side of him. Captain Campbell told the officers to take his handcuffs off, but Captain Donovan intervened and told them not to. Captain Donovan, who was in the doorway of the cell, then told Brown to face the wall and put his knees on the bench.

Mr. Brown told us that he did not understand Captain Donovan's order. Donovan then ordered the inmates in the cell across to be moved away. Mr. Brown turned to see why the inmates were being moved and Donovan hit him in the back of the head with his forearm, resulting in Mr. Brown smashing his face into the wall, causing extensive injury to his teeth and mouth. Captain Donovan then punched him repeatedly.

Mr. Brown was brought to the clinic and then to the dentist where tooth fragments were extracted and he had gum surgery. He also received stitches in his lower and upper lips and has since been given prosthetic teeth for the space where he is now missing his front

teeth. Mr. Brown also complained to us of loss of hearing in his right ear following the assault by Captain Donovan, as well as reduced vision and headaches. Mr. Brown was infracted for this incident and given 90 days in punitive segregation.

Mr. Brown informed us that he was rear-cuffed the entire time that he was in the intake pen and denies striking Captain Donovan. This is the second incident about which we have written to you concerning this captain in the past month. On May 17th, we wrote on behalf of Rayvon Baker 141-07-07022, who alleged that he was assaulted by Captain Donovan and other OBCC staff on April 30, 2007.

Please advise me of the outcome of your investigation.

Thank you.

Sincerely,

DARCY L. HIRSH
Legal Assistant

cc: Florence Hutner, DOC

HARDING & MOORE
ATTORNEYS AT LAW
80-59 LEFFERTS BOULEVARD
KEW GARDENS, NEW YORK 11415

JAMES P. HARDING
A. PATRICIA MOORE

(718) 805-1500
FAX (718) 805-1503
E-MAIL: hardingandmoore@yahoo.com

NASSAU COUNTY OFFICE
58 HILTON AVENUE
HEMPSTEAD, N.Y. 11550
(516) 352-1700

June 29, 2007

The City of New York
Office of the Comptroller
1 Centre Street
New York, New York 10007

Att: Bureau of Law & Adjustment-Room 1220

Re: Claim No.: 2207PI1015801
Claimant: James Brown
Date of incident: 4/05/07
Place of incident: GRVC Rikers Island

Dear Sir:

This law firm has been retained to represent Mr. James Brown, the above-referenced claimant.

Mr. Brown originally filed his Notice of Claim pro se. He mailed his Notice of Claim on May 19, 2007.

It was assigned the above-referenced number.

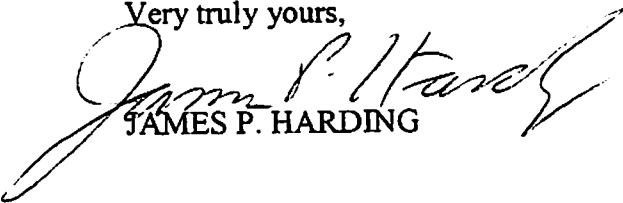
Please be sure to note the change of representation and forward all correspondence to the undersigned at our Kew Gardens office including notices of any hearing dates.

Our client is still in the custody of the New York City Department of Correction because he has two pending cases in Supreme Court, New York County.

We acknowledge your right to a statutory hearing.

Please contact us if you need any further information.

Very truly yours,


JAMES P. HARDING

JPH:eb

July 26, 2007

On 7-25-07 I was found guilty of weapons possession.

I disagree with the adjudication Captain Jenkins disciplinary disposition of 50 days punitive segregation as I maintain my plea of " Not Guilty ". I appeal this disposition on the following grounds:

- #1) The alleged weapons recovered are not mine.
- #2) I was not present at the search to observe my cell being searched.
- #3) I was just released from punitive segregation on 7-20-07 and was not in 10-A-30 cell no more than 48 hours.
- #4) On 7-23-07 at approx. time 12:30 a.m. my cell was searched by ERU and no contraband was found. Upon waking up later on that morning another search was conducted out of my presence, and now three alleged weapons were found in my cell ventilator .
- #5) I was removed from search on alleged reasons that I was being disruptive and in non-compliance with search procedures. This is a blatant and out right fabricated report against my person. On 7-23-07 in the vicinity of 10-A-30 cell the cameras clearly shows me wearing a gray D.O.C. jump suit thats required for me to wear as part of the procedures of a search when you have a I.C.R. green I.D. card . The fact that I had on a gray jump suit gives substance and merit to my claims and sufficient enough evidance to support my allegations that I was in full compliance with the search being conducted.
- #6) My removal from the search is a blatant and obvious criminal attempt to frame me of weapons posession in retaliation of a current and pending law suit I have against The Department Of Corrections. My pending law suit was the topic of a article in The Village Voice Newspaper the week of July 11-17 of 2007 .
- #7) I did not receive a copy of my infraction, I do not know the tape number to the hearing; but the hearing was held on July 25, 2007 .

RECEIVED
8/4/07

JAMES BROWN #348202-801
09-09 HAZEN STREET
EAST ELMHURST, N.Y. 11370

August 1, 2007

DEAR MR. HARDING,

THIS IS THE GROUNDS THAT I'M
APPEALING MY INFRACTION OF WEAPONS
POSSESSION. CAN YOU FORWARD A LETTER TO
MY CRIMINAL CASE JUDGE (GREGORY CARRO)
AND ASK HIM TO MOVE ME OFF Rikers
ISLAND FOR SECURITY REASONS. I'M BEING
HARASSED AND SET UP BY CORR. STAFF IN
RETALIATION TO MY PENDING LAWSUIT.
PLEASE ADVISE ME WHAT ELSE CAN BE DONE!

VERY TRULY YOURS,

James Brown

I served a unjustly 90 days in punitive segregation from April 24th, 2007 to July 20th, 2007 as cover up for a cruel and brutal assault against my person from a Captain. Upon my release from punitive segregation on July 20th, 2007 ... My pending lawsuit claim against the city was publicized in the Village Voice Newspaper and the entire corr. staff was aware of my incident and has since than been harrasing me and threaten to do me physical harm as in retaliation of my claim. I was framed with weapon charges during a search that I was not even present for as a ploy to impeach and discredit me to counter attack my lawsuit claim against the city and the department of corrections.

I was released from punitive segregation on July 20, 2007 at approx. time 9:30 p.m. - on July 23, 2007 approx. time 12:15 a.m. a search was conducted of my cell by E.R.U. officers and no weapons was recovered. At approx. time 0815 HRS. on July 23, 2007 my cell was once again searched and now suddenly they claim weapons were found in my cell ventilator during a search I was not even present for.

I respectfully request that my punitive segregation disposition of 50 days be exonerated and expunged from my institutional record as I have never ever had weapons on my record. This is a obvous criminal attempt to frame me in retaliation of my lawsuit claim against the city. My claim is publicized in the Village Voice Newspaper the week of July 11-17 of 2007 .

Very Truly Yours,


James Brown

DR. EDWARD BERGER
333 Hoosick Street
Troy, NY 12180
518-270-LENS
518-225-3300 Cellular



DR. MARK MAXON
P.O. Box 2040
Lake Placid, NY 12948
518-623-0111
518-574-2848 Pager

EYE GLASS ORDER FORM

1. Inmate Name: BROWN, James Date Received: 05/24/07
Facility Name: State Prison Billing Date: _____

2.	SPHERE	CYL	AXIS	DEC.	PRISM	BASE
R	-0.75	-0.50	180			
L	-0.50	SPL				

	ADD	SEG. HEIGHT	SEG. WIDTH	SEG. INSET	TOTAL INSET
R	11.00				
L	11.00				

PD	DIST	NEAR
69		66

3.	FRAME INFORMATION		
	STYLE	SIZE	COLOR

4.	LENS INFORMATION			
	PLASTIC	POLY	PGX	HI IND
	HARDCOAT:		YES	NO
	COLORS			
	ROSE	PGX		
	GREEN			
	GRAY	TRANSITIONS		
	BROWN	U.V.		
	SOLID-GRADIENT			

FAX FORM INSTRUCTIONS

1. Enter Name & Facility
2. Copy Rx Info
 - a. Sphere, Cyl & Axis
 - b. Include +/-1
 - c. Near Power if Bifocal
3. Enter Frame Info
 - a. Style
 - b. Size
 - c. Color
4. Enter any Options
 - Tint, Hardcoat
 - Upgrade Lens Material
5. Enter Account Name & Address

FAX TO or Contact us at:

Correctional Eye Care Network Services
333 Hoosick Street
Troy, NY 12180

Phone: 518-270-5367

FAX: 518-272-2032

BILLING	
FRAME	
LENS	
METAL	
HARDCOAT	
PGX	
CASE	
SHIPPING	
TOTAL	

NOTES/COMMENTS:

Austin White
Optometrist

[Signature]
VW 5576

5. Account Name: _____

Address: _____

Brown, James
349-06-20801
07/01/07
Apply twice a day.
Aplique dos veces al dia.
DENTURE ADHESIVE CREAM 21 GM
1 x 21 g
07/31/07
10 DAY(S) SUPPLY

Brown, James
349-06-20801
07/19/07
Take one capsule(s) by mouth once a day.
Tome una capsula(s) por boca una vez
al dia.
ESOMEPRAZOLE 40 MG DR CAP
6 x 40 mg
08/02/07
7 DAY(S) SUPPLY

Brown, James
349-06-20801
07/28/07
Take two tablet(s) by mouth twice a day.
Tome dos tabletas por boca dos veces
al dia.
NAPROXEN 250 MG TABLET
16 x 250 mg
07/28/07
4 DAY(S) SUPPLY

JAMES BROWN

August 6, 2007

Prescriptions

Esomeprazole 40 mg ("Remiron") -prescribed by Mental Health

Naproxen 250 mg - prescribed for pain

Denture adhesive cream 21 gm for dental bridge

RECEIVED
9/5/08

PRISON HEALTH SERVICES
Contracted by NYC Department of Health and Mental Hygiene

CERTIFICATION

I, Cyril Joseph, Assistant Director of Medical Records of Prison Health Services, contracted by NYC Department of Health and Mental Hygiene, hereby certify that the record of the attached is in the custody of, and is an accurate and complete record of the condition, act, transaction, occurrence or event of this program concerning:

BROWN, JAMES

(Name of Patient)

349 02 20801

(Book and Case Number)

I further certify that this record was made in the regular course of business of this program and it is the regular course of business of this program to make such records. The record was made at the time of the condition, act, transaction, occurrence or event recorded or within a reasonable time thereafter.

The record contained herein is a certified reproduction of the record on file (in accordance with CPLR Section 2306)

5/31/07
(Date)

C. Joseph

Cyril Joseph

Assistant Director of Medical Records

DELEGATION OF AUTHORITY

I, PETRINA MARINER, Director of Medical Records of Prison Health Services, contracted by NYC Department of Health and Mental Hygiene, certify that, CYRIL JOSEPH, Assistant Director of Medical Records, of Prison Health Services, contracted by NYC Department of Health and Mental Hygiene, whose signature appears above is a responsible employee of this program. I hereby authorize him to certify records of this program as accurate and complete records of this program, such records having been made in the regular course of business of this program at the time of the condition, act, transaction, occurrence, or event recorded or within a reasonable time thereafter.

P. Mariner

Petrina Mariner.

Director of Medical Records.



- Search
- Pre H&P
- Vitals
- Questions
- Labs and Tests
- History
- Incarceration Hist.
- Allergies
- Childhood Illness
- Diabetes
- Tuberculosis
- HIV
- STDs
- Asthma
- Seizure
- Cardiology
- Female
- Surgery
- Drugs
- Alcohol
- Smoking
- Mental Health
- Physical
- Gen Appearance
- Gen Appearance2
- Mental Status
- Miscellaneous
- Problem List
- Problems
- Medications
- Allergies
- Appointments
- Labs
- Alerts
- Vaccinations
- Printed Forms
- Reports
- Lab Printing
- Unlock Labs
- Logout

PROBLEM LIST

Patient Name: Brown, James NYSID: 5513644R Book & Case: ... 349-06-20801 D

Problem List and Assessment

	Type	Problem	Appt Type	Labs/Imaging	Medic
Select	Medical	Smoker			
Select	Medical	smoker-educ			
Select	Medical	carries-dental	Dental		
Select	Medical	s/p recent l chest stab,chest tube-stable			

1 2 3 4

Found 16 records

☒ Show outstanding ☐ Show resolved ☐ Show all

Problem Detail

Problem Type Physical Encounter Type Other Resolved

Problem Dental

Assessment Rapid response to chest stab wound, chest tube placed, stable. No further intervention required.

Lab/Image Appt

Last Intake

P.2
SATISFIED
5/15/07

[illegible]

DATE PPD IMPLANTED	RESULT	DATE READ	INITIAL
11/22/2006	not produced, in court, r/s. read on 11/25/2006, result 00mm	11/25/2006	paraisrp

IMMUNIZATION	DATE

LABORATORY DATA	DATE ORDERED	RESULT	RADIOLOGY/TYPE	DATE ORDERED	DATE PERFORMED	RESULT
PPD	11/22/2006	not produced, in court, r/s. read on 11/25/2006, result 00mm				
RPR	11/22/2006	normal				
Dipstick	11/22/2006					
Drug Urine Screen	11/22/2006	pos coc				
RPR	11/22/2006					
Drug Urine Screen	11/22/2006					
HIV Rapid	11/25/2006	2nd hiv decl				

FOLLOW-UP/CONSULTS	DATE ORDERED	CLINIC	FACILITY	DATE SEEN
Nursing Followup - HIV Rapid Refused	11/22/2006	HIV Rapid Refusal	AMKC	
Dental - carries	11/22/2006	Dental	AMKC	
Medical Followup - f/u chest xray and rib series	11/25/2006	Abnormal Labs	AMKC	
Specialty - 2/6/07	2/7/2007	Podiatry	WF	
Specialty - 2/23/07	2/28/2007	Oral Surgery	OBCC	
Specialty - 2/23/07	3/9/2007	Oral Surgery	OBCC	3/19/2007
Specialty - 3/9/07	3/13/2007	Oral Surgery	OBCC	
Specialty - 3/9/07	4/12/2007	Oral Surgery	OBCC	


MEDICATION LIST

[illegible]

[illegible]


[illegible]

MEDICATION LIST[illegible]

		DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT CORRECTIONAL HEALTH SERVICES INTAKE HISTORY AND PHYSICAL EXAM		PLACE MEDICAL LABEL HERE	
PATIENT'S LAST NAME Brown		FIRST NAME James			
BOOK & CASE NUMBER 349-06-20801		NYSID NUMBER 5513644R		DOB 4/27/1968	IS PATIENT EMANCIPATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DATE 11/22/2006	TIME 02:32 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	FACILITY AMKC	HAVE YOU PREVIOUSLY BEEN INCARCERATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, where? <input checked="" type="checkbox"/> RIKERS <input type="checkbox"/> ELSEWHERE N/A If yes, when? 11/2006		DO YOU HAVE MEDICAID OR ANY HEALTH INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WHERE DO YOU CURRENTLY GET MEDICAL CARE? none
1. DO YOU HAVE ANY ALLERGIES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Reaction Type <input type="checkbox"/> HIVES <input type="checkbox"/> RASH <input type="checkbox"/> SOB <input type="checkbox"/> ANAPHYLAXIS <input type="checkbox"/> DON'T KNOW		ALLERGIES TO MEDICATIONS? N/A OTHER? N/A	
2. HAVE YOU EVER HAD CHICKEN POX? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		3. HAVE YOU EVER HAD HIGH BLOOD SUGAR OR DIABETES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, CURRENT MEDICATIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (List on Page 2)		FINGER STICK (ON ADMISSION) N/A	
4. EVER HAD A +TST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW DATE OF LAST TB SKIN TEST: N/A RESULT: <input type="checkbox"/> POS <input checked="" type="checkbox"/> NEG <input type="checkbox"/> DON'T KNOW		EVER GIVEN INH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO How long taken? N/A What country were you born in? N/A Have you ever been homeless or lived in a homeless shelter? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAVE YOU EVER HAD TB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Where diagnosed? N/A Age of Onset? N/A	
5. HAVE YOU EVER HAD: • Multiple Sex partners? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • Unprotected sex? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • Sex with substance abusers? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • Same sex relationship? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • Injection Drug Use? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAVE YOU EVER HAD: • Syphilis? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • Chlamydia? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • Hepatitis B? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Any current tx? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Do you have HIV Infection or AIDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, complete HIV Flow Sheet)	
6. RAPID HIV TEST <input type="checkbox"/> Wants Rapid HIV Test <input checked="" type="checkbox"/> Declines HIV Testing <input type="checkbox"/> Undecided <input type="checkbox"/> Confirmatory <input type="checkbox"/> Retest		REASONS FOR DECLINING RAPID HIV TEST <input type="checkbox"/> Known HIV Positive <input type="checkbox"/> Prefer Conventional Test <input checked="" type="checkbox"/> Had Negative HIV Result < 3 months ago <input type="checkbox"/> Not Ready to get test results today <input type="checkbox"/> Don't want test now/today <input type="checkbox"/> Other		HIV Ab Testing done? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO When? 11/2006	
7. EVER HAD ASTHMA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, Current Medications? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (List in Page 2)		Last ER Visit? N/A Last Attack? N/A Ever Admitted? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Ever Intubated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO When? N/A	
8. EVER HAD A SEIZURE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, Current Medications? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (List on Page 2)		Last Seizure? N/A		9. EVER HAD HYPERTENSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, Current Medications? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (List in Page 2)	
10. DO YOU HAVE: <input type="checkbox"/> PND <input type="checkbox"/> SOB <input type="checkbox"/> Paresthesias <input type="checkbox"/> DCE <input type="checkbox"/> Pedal Edema <input checked="" type="checkbox"/> N/A		Chest Pain? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO When? N/A		Syncope? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO When? N/A	
11. HAVE YOU RECENTLY DELIVERED A BABY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, WITHIN THE LAST SIX (6) WEEKS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU PREGNANT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Don't know DATE OF LAST MENSTRUAL PERIOD?		12. HAVE YOU HAD A MAMMOGRAM IN THE LAST 12 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A If yes, when? N/A		13. HAVE YOU HAD A PAP SMEAR IN THE LAST 12 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A If yes, when? N/A	
If you have answered "YES" to any question and require additional space, please use the Additional Comments area on Page 4.					

Brown, James - 349-06-20801

14. DO YOU USE DRUGS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DRUG AMOUNT: ... \$300/day, ...		When last drug use? 11/04/2006		Drugs used: <input type="checkbox"/> HEROIN <input type="checkbox"/> BARBITURATES <input type="checkbox"/> MARIJUANA <input checked="" type="checkbox"/> CRACK <input type="checkbox"/> COCAINE <input type="checkbox"/> CRYSTAL METH <input type="checkbox"/> METHADONE <input type="checkbox"/> OTHER: N/A	
15. ARE YOU CURRENTLY IN A METHADONE PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Where? N/A Dose: N/A		16. DO YOU USE ALCOHOL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMOUNT: N/A	
				Have you considered cutting down drinking? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Annoyed by people asking about your drinking? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Ever had guilty feelings about your drinking? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Ever needed a drink as an 'eye opener'? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. DO YOU SMOKE? <input checked="" type="checkbox"/> CURRENT <input type="checkbox"/> FORMER <input type="checkbox"/> NEVER <input type="checkbox"/> NOT ASSESSED		18. HISTORY OF DENTAL PROBLEMS (Caries, abscesses, etc.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN carries		19. HISTORY OF HOSPITALIZATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE knife wound - I chest tube - 10/2006 - St Vincent	
20. ANY ADDITIONAL MEDICAL PROBLEMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				List N/A	
21. TREATED OR HOSPITALIZED FOR NERVOUS / MENTAL PROBLEMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO When? 1996		Where? BVH Why? drugs		22. ARE YOU TAKING MEDICATION FOR NERVOUS/MENTAL PROBLEMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Medications / Dosage: N/A	
23. HAVE YOU TRIED TO HURT OR KILL YOURSELF? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO When? N/A		How? N/A Why? N/A		24. HAVE YOU EVER BEEN ASSAULTED (SEXUALLY/PHYSICALLY)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				25. IN THE PAST YEAR, HAVE YOU OR YOUR CHILDREN BEEN HIT, HURT, OR THREATENED BY AN INTIMATE PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A If yes, do you want to talk with someone about this? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A (If yes, STEPS Referral)	
26. HAVE YOU BEEN CHARGED WITH A VIOLENT ACT (RAPE, ASSAULT)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CHARGES REVIEWED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		27. HAVE YOU HURT ANYONE WHEN YOU WERE ANGRY OR UPSET? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		When? 2005 Who? jail fight	
				How? fists Why? was jumped	
28. FAMILY HISTORY OF MENTAL ILLNESS? If Yes, List Who: N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29. FAMILY HISTORY OF SUICIDE? If Yes, List Who: N/A	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30. HAVE YOU EXPERIENCED ANY RECENT LOSSES? (i.e., death, employment, relationships, etc) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Explain N/A	
SUMMARY OF CURRENT MEDICATIONS (Please List) N/A					
COMPLETED BY (Print Name) Peter Herz					
REVIEWED BY: Peter Herz					
Peter Herz		Physician		11/22/2006	
Electronic Signature of person completing form		Date		Time 4:36 PM	
If you have answered "YES" to any question and require additional space, please use the Additional Comments area on Page 4.					

 DIVISION OF HEALTH CARE ACCESS & IMPROVEMENT CORRECTIONAL HEALTH SERVICES		Patient Last Name Brown		First Name James	
Ht 5' 10"	Wt 210	Temp 96.5	Pulse 76	RR 14	BP 90 / 62
PHYSICAL EXAMINATION					
VSS Taken by (Full Name) Christopher Pridgen					
Electronic Signature Christopher Pridgen					
GENERAL APPEARANCE: (Include body habitus, nutritional status, and state of distress.) wdwn					
HEENT <input checked="" type="checkbox"/> NL <input type="checkbox"/> Traumatic <input type="checkbox"/> Lacerations <input type="checkbox"/> Icteric <input type="checkbox"/> Other		<input type="checkbox"/> Scalp lesions <input type="checkbox"/> Abnormal Pupils <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Pale sclera <input type="checkbox"/> Other Describe N/A		SKIN <input type="checkbox"/> NL <input type="checkbox"/> Rash <input type="checkbox"/> Scars <input type="checkbox"/> Jaundice <input type="checkbox"/> Tattoos <input type="checkbox"/> Tracks <input type="checkbox"/> Other Describe see chest	
ORAL CAVITY <input type="checkbox"/> NL <input type="checkbox"/> Lesions <input type="checkbox"/> Swellings <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Filled cavities <input type="checkbox"/> Dentures loose <input type="checkbox"/> Missing teeth <input type="checkbox"/> Other Describe carries		BREASTS <input checked="" type="checkbox"/> NL <input type="checkbox"/> Discharge <input type="checkbox"/> Masses <input type="checkbox"/> Other Describe N/A	
CHEST <input type="checkbox"/> NL <input type="checkbox"/> Wheezes <input type="checkbox"/> Rales <input type="checkbox"/> Other		<input type="checkbox"/> Rubs <input type="checkbox"/> Rhonchi <input checked="" type="checkbox"/> Other Describe good bilat bs- l ant scar-stab and l midaxillary chest tube scar		HEART <input checked="" type="checkbox"/> NL / RRR <input type="checkbox"/> Murmur <input type="checkbox"/> Rub <input type="checkbox"/> Gallop <input type="checkbox"/> Other Describe N/A	
FUNDUS <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Not Visualized <input type="checkbox"/> Other		OTOSCOPIC <input checked="" type="checkbox"/> NL Canal <input type="checkbox"/> NL TM <input type="checkbox"/> Cerumen <input type="checkbox"/> Abnl		LYMPH NODES <input type="checkbox"/> Not enl Describe	
ABDOMEN <input checked="" type="checkbox"/> NL <input type="checkbox"/> Tenderness <input type="checkbox"/> Hypo/hyperactive Bowel sounds <input type="checkbox"/> Organomegaly		<input type="checkbox"/> Ascites <input type="checkbox"/> Other Describe N/A		GENITALIA <input checked="" type="checkbox"/> NL <input type="checkbox"/> Sores <input type="checkbox"/> Discharge <input type="checkbox"/> Lesions <input type="checkbox"/> Warts <input type="checkbox"/> Other Describe ext male	
PELVIC EXAM (Adnexa, Uterus) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NL <input type="checkbox"/> Discharge from Cervix <input type="checkbox"/> Uterine Mass		<input type="checkbox"/> Refused <input type="checkbox"/> Adnexal Mass <input type="checkbox"/> Tenderness <input type="checkbox"/> Other Describe N/A		PAP SMEAR <input type="checkbox"/> Performed <input type="checkbox"/> Chlamydia/Gonorrhea Test <input type="checkbox"/> Culture <input type="checkbox"/> Other (Describe) <input checked="" type="checkbox"/> Refused N/A <input type="checkbox"/> Deferred	
RECTAL <input type="checkbox"/> NL <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Fissures <input type="checkbox"/> Warts		<input checked="" type="checkbox"/> Not Indicated PT less than 40 yrs old <input type="checkbox"/> Sores <input type="checkbox"/> Refused <input type="checkbox"/> Other Describe N/A		EXTREMITIES <input checked="" type="checkbox"/> NL <input type="checkbox"/> Clubbing <input type="checkbox"/> Cyanosis <input type="checkbox"/> Pulse <input type="checkbox"/> Other Describe N/A	
MENTAL STATUS					
ORIENTATION TO <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Person	PSYCHOMOTOR <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Retardation <input type="checkbox"/> Agitation	SPEECH <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input checked="" type="checkbox"/> Normal Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Spontaneous	MOOD <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Depressed <input type="checkbox"/> Embarrassed/Humiliated <input type="checkbox"/> Irritable <input type="checkbox"/> Elated <input type="checkbox"/> Angry	AFFECT <input checked="" type="checkbox"/> Appropriate to mood <input type="checkbox"/> Inappropriate to mood <input type="checkbox"/> Labile	THOUGHT PROCESS <input checked="" type="checkbox"/> Logical <input type="checkbox"/> Illogical <input checked="" type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant
SUICIDAL IDEATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A			HOMICIDAL IDEATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A		
DELUSIONS <input checked="" type="checkbox"/> None <input type="checkbox"/> Persecutory (Do you feel anyone is plotting against you?) <input type="checkbox"/> Somatic <input type="checkbox"/> Other <input type="checkbox"/> Grandiose (Do you have special abilities or features?)			HALLUCINATIONS Does patient exhibit any? <input checked="" type="checkbox"/> None <input type="checkbox"/> Auditory <input type="checkbox"/> Visual		DOES PT EXHIBIT ANY SIGN OF GROSS MENTAL RETARDATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NEUROLOGIC (Sensory, Motor, DTR, Gait, Cerebellar, Cranial Nerves) No neurological deficit			DESCRIBE (If abnormal, give details in assessment)		
If you have answered "YES" to any question and require additional space, please use the Additional Comments area on Page 4.					

Brown, James 449-06-20801

ADDITIONAL COMMENTS (Please Include Question Number with each Additional Comments Section)**ASSESSMENT****PLAN**

smoker-educ

stable

carries-dental

stable

s/p recent l chest stab,chest tube-stable

good-bilat bs,sutures are out-f/u prn

rck abuse-educ

stable

Smoker

Current Smoker - Patient Educated

DISPOSITION☐ TST Criteria Indicated: ☐ YES ☒ NO☐ Medical Isolation Reason:
N/A☐ Detox
N/AHOUSING : ☒ GP ☐ CDU☐ INFIRMARY ☐ C-71 ☐ MO☐ OTHER:CONSULTS: ☐ URGICARE☐ ER/HOSPITAL ☐ MH EMERGENCY☐ MH ROUTINE ☐ OTHER:

BROCHURES GIVEN?

REACH HIV-STD ☒ YES ☐ NOHealth Information ☒ YES ☐ NODental Brochure ☒ YES ☐ NO**ELECTRONIC SIGNATURE****DATE/TIME****PRINT NAME****TITLE****REVIEWED BY:**

PRINT NAME

SIGNATURE

DATE/TIME

Please use the Additional Comments area on the top of this page for any "YES" question requiring additional space.



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

NOTIFICATION OF PATIENT NEED FOR AIR CONDITIONED HOUSING

PATIENT NAME: Brown James

BOOK AND CASE NO: 3490620801

FACILITY: GRIC

TO BE USED WITH ALL PATIENTS TO SCREEN AND INDICATE WHERE APPLICABLE

- | | |
|--|---|
| <p><input type="checkbox"/> Sickle Cell Disease</p> <p><input type="checkbox"/> ≥ 65 Years</p> <p><input type="checkbox"/> Parkinson's Disease</p> <p><input type="checkbox"/> Documented Hx of hospitalization for heatstroke</p> <p><input type="checkbox"/> Requires Infirmiry Care</p> <p><input type="checkbox"/> Type I or Type II Diabetes, ≥ 60 Years</p> <p><input type="checkbox"/> Hx of congestive heart failure or myocardial infarction</p> <p><input type="checkbox"/> Dementia (documented diagnosis of dementia)</p> <p><input type="checkbox"/> Depression (active major depressive episode)</p> <p><input type="checkbox"/> Mental Retardation (Significantly sub average intellectual functioning with impairments in present adaptive functioning)</p> <p><input type="checkbox"/> Suicidal Tendencies (Suicide Watch)</p> <p><input type="checkbox"/> Appears Confused (Patient is determined by medical clinician/psychiatrist to be incapable of self-managing during periods of high heat because of his/her mental status)</p> | <p><input type="checkbox"/> Antiparkinsonian Agents</p> <ul style="list-style-type: none"> ● Benztropine; Trihexyphenidyl <p><input type="checkbox"/> Calcium Channel Antagonists</p> <ul style="list-style-type: none"> ● Amlodipine; Diltiazem; Nifedipine; Verapamil <p><input type="checkbox"/> Beta-adrenergic Antagonists</p> <ul style="list-style-type: none"> ● Metoprolol; Atenolol; Propranolol <p><input checked="" type="checkbox"/> Diuretics</p> <ul style="list-style-type: none"> ● Furosemide; Hydrochlorothiazide <p><input checked="" type="checkbox"/> Lithium</p> <p><input type="checkbox"/> Antipsychotics</p> <ul style="list-style-type: none"> ● Chlorpromazine (Thorazine); Fluphenazine (Prolixin); Haloperidol (Haldol); Thioridazine (Mellaril); Thiothixene (Navane); Mesoridazine (Serentil) <p><input type="checkbox"/> Other (Explain): _____</p> |
|--|---|

(Issues to be considered include sickle cell trait, current symptoms of illness, or a combination of drugs raising the risk of heart-related illness. DOC confers the authority upon clinicians to request transfers of air conditioned beds on a case-by-case basis.)

C. J. Pernier
Clinician Signature
Claude J. Pernier, MD
04/07/07 7:32
Clinician Print Name / Date / Time

If M.O. Housing Required:

Facility Name _____

Check One:

Dorm: _____

Cell: _____

DOC SIGNATURE/SHIELD NUMBER

DATE



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

HIV PRE/POST TEST COUNSELING TRACKING FORM

PATIENT'S LAST NAME Brown		FIRST NAME James		DATE OF BIRTH 4/27/1968	
BOOK AND CASE 349-06-20801	NYSID 5513644R	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	FACILITY AMKC	TOUR 8-4	
ADMISSION DATE 11/21/2006	ZIP CODE	COUNTRY OF ORIGIN <input type="checkbox"/> USA <input type="checkbox"/> OTHER WHERE?			

RACE/ETHNICITY: ☐ WHITE, NON-HISPANIC ☒ BLACK, NON HISPANIC ☐ HISPANIC ☐ ASIAN/PACIFIC ISLANDER ☐ NAT

PRIOR HIV TESTING: ☒ YES ☐ NO When? 3 wks ago Where? Clinic

PATIENT'S DECISION: ☐ Agrees to Rapid HIV Testing ☒ Declines Rapid HIV Testing ☐ Undecided
☐ Confirmatory ☐ Retest

REASONS FOR DECLINING TEST: ☐ Known HIV Positive ☒ HIV Negative Result < 3 months ☐ Prefer Conventional Test
☐ Not Ready to get test results today ☐ Don't want test now/today
☐ Other (specify): _____

Time Counseling Started: _____ Time of Finger Stick: _____
Time Results Available: _____ Post Test Completed: _____
Rapid HIV Test: Lot#: _____ Expiration Date: _____

RAPID HIV TEST RESULT: ☐ Negative (Non-Reactive) ☐ Positive (Preliminary) ☐ Invalid
☐ Confirmatory Blood Drawn Specimen #: _____

HIV RISK FACTORS

- | | | |
|---|---|--|
| <input type="checkbox"/> (a) Unprotected Sex w/Male | <input type="checkbox"/> (b) Unprotected Sex w/Female | <input type="checkbox"/> (c) Injection Drugs |
| <input type="checkbox"/> (d) STD Diagnosis | <input type="checkbox"/> (e) Sex Partner IDU | <input type="checkbox"/> (f) Sex Partner HIV |
| <input type="checkbox"/> (g) No Risk Acknowledged | <input type="checkbox"/> (h) Unknown | <input type="checkbox"/> (i) Other |

REASON FOR CONTACT

- ☐ PRE-TEST ☐ SUPPORTIVE COUNSELING ☒ FOLLOW-UP ☐ POST TEST COUNSELING
☐ POST TEST SESSION/RESULT NOT AVAILABLE ☐ REPEAT TEST

PRENATAL

PREGNANT: YES ☐ NO ☐ HOW FAR INTO PREGNANCY? _____

SCHEDULED TO RETURN TO CLINIC: _____

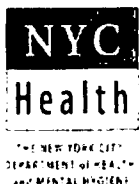
COUNSELOR/NURSE NAME _____ PRINT NAME

(One Copy for Chart)

(One Copy for Counselor)

(One Copy for Tracking)

11/22/2006 12:51:27 PM



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT CORRECTIONAL HEALTH SERVICES

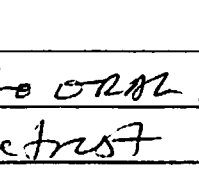
Brown, James

349-06-20801, 5513644R

4/27/1968. M

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
5/21/07 GRVC 7:15pm.	Moss Dolo S. 5 complaints O. Brought to clinic for F/u BP. BP was $\frac{110}{78}$ this evening. A. none at this time. P. Presently back in housing area <u>Richards Rv</u>
5/22/07 GRVC 5:29P	no note Re: Bing Rounds Requesting med for headache. dentist exam and optometry exam - because of blurry vision MP: medrx ordered on 5/22/07 for head ache was referred to oral surg by Dentist on 4/23/07 and ppr documentation did not show on 5/8/07 (1) Resubmit consult to oral surg (2) Refgo to Optometrist  Dr. Rhonald Hyndman, MD
5/24/07	PASK NO K. pt was seen 5/23/07 medical problem ordered - t/o in other variants

CHS 288 (Rev 9/05)

Leopoldo Benet

PROGRESS NOTE

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BROWNS JAMES

344 06 20801

DATE	OBSERVATIONS
5/22/07	AN ANK BOWNS 5/21/07, 5/22/07
6:00	(S) C/O HEMATOMAS FRONTAL TO OCCIPITAL
2:00	WHOLE HEAD SOMETIMES MORE PAIN (WORSE AS DAY GOES ON) LITIS MIMIC HEMATOMA
	1/4 OF HEAD THUMB (COMPRESSION) 4/5/07 EXAM 5/21/07
	(S) ORIENT X3 FULL RANGE AFFECT R/L T 98
	PERLA FOR MIMIC FULL R/L TO NECK
	ORAL HYGIENE CLEAR MOUTH CLEAR (TUMOR / FLAP) EXTENSION
	(A) TRANSFER HEMATOMA / MUSCLE CONTINUATION HEMATOMA
	(S) MOTION GUY TO B/L X 30
	PT F/L M/D/M EXAM IF ELL / PT MURDER STAMP
	5/22 FFLR WALL HAS NOT RECEIVED MEDICATION
5/22/07	TH/12
6:00	Patient requesting motion
2:00	for pain
	A/P - chart reviewed.
	PT has motion order.
5/23/07	Long black eye
6:00	Long Paul.
12:40	Headache, no bruising on face
	eye pain no bruise
	patient to see EOL & head - Secluded
	head is a priority.
	Jane Sanjose, MD
	Roberto DeGuzman, MD



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

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Brown James
349 062501
DOB 04/27/68

DATE	OBSERVATIONS
05/17/07 CPR 17 hr	<p>by nurse</p> <p>S^c I Need eye doctor for reading glasses I Need tylenol at time for night front of "be at ah"</p> <p>patient gives Franklin</p>
	<p>③ optometrist consult Tylenol 650 mg (o.k.) now x 3 d</p> <p>Bl check on 05/24/07</p> <p>Ernest Roche, RPA</p> <p>Roberto DsGuzman, MD</p> <p>05/17/07</p>

PROGRESS NOTE

Brom. Juncus
34906 2080.

[illegible]



Health



 DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
 CORRECTIONAL HEALTH SERVICES

TRANSFER CHART REVIEW

Brown, James # 3490620801

DATE 4/6/07	OBSERVATIONS	
TIME: 11:10pm	NEW FACILITY: GRVC	PREVIOUS FACILITY: AmKC
	DOC ADMISSION DATE: 11/21/06	
INTAKE	NURSING REVIEW	INTAKE HISTORY & PHYSICAL DOCUMENTED [] YES [] NO
RPR RE		RPR RESULTS 11/23/06 [] POS [] NEG
U/A RES		UA RESULTS 11/22/06 [] POS [] NEG
PPD RE		PPD RESULT 11/25/06 [] POS [] NEG
CCCC		CXR RESULT IN CHART [] YES [] NO [] NA
NURSIN	NURSING FOLLOW-UP SCHEDULED: [] N/A [] YES, FOR	F/U DATE:
PRIORIT	PRIORITY CHART FOR CLINICIAN: [] NO [] YES, REASONS:	
	IF YES, CHART GIVEN TO:	
COMPL	COMPLETED BY: [Signature]	PRINT/STAMP: Constance Van-Lare, RN-PD DATE: 4/6/07
MD/PA REVIEW		
TIME: 7:00pm	ALLERGIES: None [] YES:	
	MEDICAL PROBLEMS REQUIRING FOLLOW-UP: [] NONE X YES	FOLLOW-UP TYPE & DATE:
	1. Depression	4. 11/11 Feb
	2. Dental loose teeth	5. Dental 10/1
	3. root can	6. Podiatry
	LAB/XRAY FOLLOW-UP: [] NONE [] YES:	
	MEDICATIONS RE-WRITTEN (TRANSFERS FROM VCBC, NIC, CDU ONLY): [] N/A [] YES, LIST:	
	CONSULTS RE-WRITTEN (IF PAST DUE OR NO RECORD IN CHART) [] N/A [] YES:	
	DIETARY CONSULT WRITTEN: [] N/A [] YES:	
	MENTAL HEALTH F/U: [] N/A X YES, ROUTINE CONSULT [] YES, STAT CONSULT	
	PATIENT CALLED TO CLINIC: X N/A [] YES (SEE PROGRESS NOTE)	
	DISPOSITION: X GP [] DETOX [] MO [] INF [] CDU [] ER [] JURGI	
	OK FOR FOOD HANDLERS CERTIFICATE X YES [] NO, REASONS:	
	HEAT SENSITIVE HOUSING [] YES X NO	
	COMPLETED BY: [Signature]	PRINT/STAMP: Claude J. Pernier, MD DATE: 4/6/07

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT

	CORRECTION DEPARTMENT CITY OF NEW YORK	OPERATIONS SECURITY UNIT	
TRANSFER IDENTIFICATION FORM		FORM PD OSU 14 REV. 3/16/90 REF. OP. ORDER #25/90	
TRANSFER COMMAND: GMDC	RECEIVING COMMAND: OBCC	DATE: 03/26/2007	
INMATE'S NAME BROWN, JAMES		BOOK AND CASE NUMBER: 349-06-20801	
CHECK APPROPRIATE BOX <input checked="" type="checkbox"/> GENERAL SECURITY TRANSFER <input type="checkbox"/> CMC/MAXIMUM SECURITY TRANSFER <input type="checkbox"/> OSU/OPERATIONS DIVISION TRANSFER <input type="checkbox"/> TRANSFER RE: SERIOUS INCIDENT		CL. 17 <input type="checkbox"/> ADMINISTRATIVE/PC TRANSFER <input type="checkbox"/> OTHER (PLEASE SPECIFY BELOW) OSU NUMBER _____ (IF AVAILABLE) INFRACTION NUMBER _____ (IF AVAILABLE) INJURY REPORT NUMBER _____ (IF AVAILABLE)	
DESCRIPTION (PROVIDE BRIEF REASON OR INCIDENT INFORMATION INITIATING THIS TRANSFER)			
<div style="border: 2px solid black; padding: 5px; margin: 10px;"> SWAP WITH OBCC FOR INMATE: MITCHELL, JEROME # 541-07-00225 CL. 17 </div>			
NAMCU # 14449			
TRANSFER FACILITY NOTIFICATION	NAME OR PERSON NOTIFIED IN RECEIVING FACILITY: OHARA # 401	TITLE: CAPT.	DATE: 03/26/07
			TIME: 1400
VERIFICATION INFORMATION	FROM PREPARED BY(Print Name, Rank, Shield Number):		
	R.WASHINGTON # 11579 PRINT NAME OF DW FOR SECURITY (OR DESIGNEE) MCCOMBS CAPT. # 1040		CORRECTION OFFICER DW(OR DESIGNEE) SIGNATURE
SPECIAL INSTRUCTIONS: This form is not to be used for either NEW ADMISSIONS OVERFLOW OR OVERLOAD TRANSFERS . The only transfers to be documented on this form are listed above, or any other security related Transfers. If this transfer is due to a serious incident, indicate infraction and / or injury report number if any. If this Transfer / was ordered by OSU / Operations Division, indicate the OSU number if available.			
DISTRIBUTION: ORIGINAL – Attached to Accompanying Card of inmate. Copy – To Deputy Warden – Security, Transferring facility Copy – To OSU/Operations Division (if this was an OSU/Oper. Div. Transfer only)			



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

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Brown James

349 0620 80/

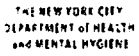
203 04/27/68

DATE	OBSERVATIONS
05/15/07	Buy Round
Gruke	S' Nervous my Medication for Acid
12:00 pm	"I Need Tylenol for H/A" → 3/10"
	FAN H/W ATN
	① Prescription 40 mg 1000 X 1 & 2
	1st portion AS per BP check for 05/17/07
	Tylenol 650 mg 1000 X 1 & 2
	Edzer Roche, RPA
	Roberto Pacheco
	05/15/07

PROGRESS NOTE

BROWN, JAMES
344 06 20801

DATE	OBSERVATIONS
4/26/07	BING ROUNDS THIS AM
GRVL	5 REFUSING ORAL W.F.
1:15 PM	ALREADY SEEN ON NOW
	1) ORIENT X 3 FULL RANGE ASPECT
	2) REFUSING ORAL ORAL SURGERY
	3) UNDERSTANDS T RICH MAIN MAMMOTH / DENTIL
	RICH INFECTION / MOUTH EVAL IF ILU PTER UNDERSTANDS
	Thomas Schwaner, PA
4/28/07	Bing
6:30	Patient requesting to see the eye doctor for
11 AM	reading glasses. no distress. Able to
	perform his daily activities without distress.
	Ap- Optometrist Consult Submitted
	Yam Blackmer
05/14/07	Bing
GRVL	Assay for dental bridge
11:20 PM	Plan: dental consult.
5/15/07	Roberto DeGuzman, MD
	Edgar Rocha, PA



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

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Brown, James

349-06-20801, 5513644R

4/27/1968, M

[illegible]



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

B. Brown, J. Green
349062040

DATE	OBSERVATIONS
04/23/07	S-ICs frequently to have multiple
Green	breakdowns - no fear. no crying, always
3:21	clashed so with gate door after 4/27/07
	early.
	o Dancer. And feet in exp. seen
	Head up. by seen
	close. soft no crying. as
	to see - normal under.
	feels no difficulty -
	HEART (-) Numbness -
	Chin up. active
	about. up front back
	seen to upper legs. back
	area
	R. Dyspnea. absent teeth
	. breath
	R. Dyspnea, with
	breath
	percept - to see. But. feet feet
	relieved.
7/9/7	DOC report for control - no crisis
GRV	
	Valsa Madhava, MD
	Roberto DeGuzman, MD

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES**PROGRESS NOTE**Brown, James
349 06 20801EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
4/9/07 GRVC 10:30 am	Clinical Supervisor's Note Pt. is a recent transfer-in to GRVC w/ hx of MH contact. Pt. was seen for cl. depression & report of AH on 12/2/06 related to death in family. Pt. also has significant substance abuse hx. Remeron was started on 12/2/06 but D/C'd on 12/7/06 and case was closed as there was no verification of h/o MH tx. Pt. not in distress, & not invested in MH tx. Pt. seen again by clinician today & viewed as stable & not in need of MH services. Case will remain closed for MH fln.
	David Jurich, PhD Clinical Supervisor
4/20/07 5 pm GRVC	Clinical Supervisor's Note Chart reviewed for CPSU clearance. Although pt's case was closed in Dec '06 due to suspected malingering of psychiatric symptoms, he will be cleared for MHA/II housing rather than regular CPSU for closer monitoring & evaluation given his report of past AH & a past housing attempt. Pt. will be assigned to Clinician upon movement to MHA/II unit.
	David Jurich, PhD Clinical Supervisor



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

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Brown, James
349.06.20801

DATE	OBSERVATIONS
4/5/07	PT note Injury
Obsc	PT seen after he was in a use of
11Am	force.
	PT is about a dental X-3 in MAD
	T96, A82, R16 B/P 110/6
	Dent. front teeth are loose and push
	back
	Lungs Clear Heart S1d8
	Abd. flat soft non-tender no mass & B/S
	Ext full km no edema no discoloration
	or swelling
	CNT to Ext intact. NO sensory or motor
	loss. Left Jt
	A. PT's front teeth are loose.
	P: Dental Clinic, DSDP
	Km Miller
	Ron Williams, D
4/9/07	MH notes:
GRWC S	PT seen on recd referral. pt reports no distress &
GP	currently not prescribed psychotropic medication. pt
	denies s/h history, ALU holds a psych. on
10 15AM	per chart review pt was D/C from MH on 12/13/06
	from AMKC & pt signed refusal of tx on 3/30/07 from OBCC.
	pt denies past psy hx, however on yellow forms/intake &
	psy assess he reports hx of medication & hx. These facts
	pt was using MH for secondary gain. O. alert, OX3,
	enthusiastic & app, easily engaged a: pt is good
	checked & RHC oriented, p: pt is not a candidate
	for MH services at this time. CE informs pt that MH
	services are always available if needed in the
	future. GP no f/u necessary.

PROGRESS NOTE

349 0620801

Brown, James

EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
3/30/07	Mental Health Note.
RR.	S pt. denies having any MH.
OBCC	issues, denies anxiety, depression
12noon	or hallucinations. pt. does not dis-
	play any symptoms of the above.
	pt. signs (pt refusal) consequences
	explained.
	O. denies suicidal/homicidal ideation/
	intent.
	A pt. appears stable in GP, not
	a threat to himself or others.
	P. Pt signed pt refusal, pt will
	be rescheduled.
	Fred Gay LCSW-R
	<i>[Signature]</i> LCSW-R

BROWN, James

3490620801

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

[illegible]



BROWN, JES 00000000
713 E 108TH ST
NYC, NY 10026
27-APR-68 B N M 5'10" 210 BRO BLK
NY N
ROBINSON, SHIRLEY
15903 LITTON LANE 1H, ACOREEK, MD
2400620001 55126440 21 NOV-06

TRANSFER CHART R

DATE	OBSERVATIONS
3/27/07 TIME: 4:40/A	NEW FACILITY: OBCC DOC ADMISSION DATE: 11/21/06 PREVIOUS FACILITY: 6MOC
	NURSING REVIEW
	INTAKE HISTORY & PHYSICAL DOCUMENTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	RPR RESULTS <input type="checkbox"/> POS <input checked="" type="checkbox"/> NEG
	U/A RESULTS <input type="checkbox"/> POS <input checked="" type="checkbox"/> NEG
	PPD RESULTS <input type="checkbox"/> POS <input checked="" type="checkbox"/> NEG
	CXR RESULT IN CHART <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	NURSING FOLLOW-UP SCHEDULED: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES F/U DATE:
	PRIORITY CHART FOR CLINICIAN: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, REASONS:
	IF YES, CHART GIVEN TO:
	COMPLETED BY: PRINT/STAMP: DATE:
	MD/PA REVIEW
	ALLERGIES: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> YES:
	MEDICAL PROBLEMS REQUIRING FOLLOW-UP: <input type="checkbox"/> NONE <input type="checkbox"/> YES FOLLOW-UP TYPE & DATE:
	1. h/c Depression 4.
	2. Dental Discom 5.
	3. 6.
	LAB/XRAY FOLLOW-UP: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> YES:
	MEDICATIONS RE-WRITTEN (TRANSFERS FROM VCBC, NIC, CDU ONLY): <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES, LIST:
	CONSULTS RE-WRITTEN (IF PAST DUE OR NO RECORD IN CHART) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> YES: Dental
	DIETARY CONSULT WRITTEN: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES:
	MENTAL HEALTH F/U: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> YES, ROUTINE CONSULT <input type="checkbox"/> YES, STAT CONSULT
	PATIENT CALLED TO CLINIC: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES (SEE PROGRESS NOTE)
	DISPOSITION: <input checked="" type="checkbox"/> GP <input type="checkbox"/> DETOX <input type="checkbox"/> MO <input type="checkbox"/> INF <input type="checkbox"/> CDU <input type="checkbox"/> ER <input type="checkbox"/> JURG
	OK FOR FOOD HANDLERS CERTIFICATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, REASONS:
	HEAT SENSITIVE HOUSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	COMPLETED BY: PRINT/STAMP: DATE: 3/27/07

Leslie Beckford, PA
VLS

DATE: 3/27/07



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

Brown, James

34(40620801

DATE	OBSERVATIONS
3/23/07	1A NOE toothache (L) upper tooth. also pain to dental extraction. (L) lower tooth. Alex, MD
6U	US (B) 12/10, 174 R14 T20
SLC	front view
(73)	neck & spine (on back)
130	hands (on back)
130	mouth (on back)
	(1) toothache (upper)
	DDS referral
	for dental extraction (L) lower
	Mechanics } cardinal
	enders
	(Signature) Lynn Devivo, PA
	(Signature) Robert Jamieson, MD

**NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE**

**MENTAL HEALTH
TRANSFER IN CHART REVIEW**

EVERY ENTRY MUST BE DATED AND SIGNED

Brain, James

349-06-20801

DATE	OBSERVATIONS
Date: <i>2/16/07</i>	NEW FACILITY: G M D C TRANSFERRED FROM: <i>AmKC (C95)</i>
Time: <i>11:21 AM</i> <i>C-73</i>	TRANSFERRED IN DATE: <i>2/5/07</i>
GP / MO	MENTAL HEALTH DOCUMENTATION:
	<input checked="" type="checkbox"/> All required assessment(s) and documentation are in the medical record and up to date.
	Screening completed: <i>12/2/06</i> PS/CTP completed:
	Psychiatric Assessment completed on: <i>12/2/06</i>
	<input type="checkbox"/> The last Treatment Plan Review (TPR) was completed on:
	<input type="checkbox"/> The next Treatment Plan Review (TPR) is due:
	<input type="checkbox"/> The following assessment(s) and/or documentation are missing from the medical record:
	<input type="checkbox"/> Mental Health Screening (SCR) <input type="checkbox"/> Psychiatric Assessment (PA)
	<input type="checkbox"/> Psychosocial Assessment (PS) <input type="checkbox"/> Comprehensive Treatment Plan (CTP)
	<input type="checkbox"/> Treatment Plan Review (TPR) <input type="checkbox"/> Discharge Service Needs (DSN)
	<input type="checkbox"/> Discharge Service Needs Update (DSNU)
	<input type="checkbox"/> The following assessment(s) and/or documents are due:
	<input type="checkbox"/> MH Screening Due: <input type="checkbox"/> PA Due:
	<input type="checkbox"/> PS Due: <input type="checkbox"/> CTP Due:
	<input type="checkbox"/> TPR Due: <input type="checkbox"/> DSN Due:
	<input type="checkbox"/> DSNU Due:
	<input type="checkbox"/> Case assigned to Mental Health Professional: (Initials)
	<input type="checkbox"/> Case assigned to Psychiatrist/Nurse Practitioner: (Initials)
	<input checked="" type="checkbox"/> OTHER: <i>R/O Substance Abuse / Mood Disorder / Cocaine / Alcohol</i>
	<i>Dep. II R/O Substance Abuse / Personality Disorder</i>
	<i>According to Upstate Discharge Summary note (12/13/06),</i>
	<i>pt was not motivated for verbal treatment and treatment of</i>
	<i>medication (removal) was d/c'd 12/17/06. Case closed</i>
	<i>at this time.</i>
	<i>Della Johnson, LCSW-R</i>
	<i>Mental Health Assistant Unit Chief</i>

Reminder: Fully Complete the Problem List



Health

TRANSFER CHART REVIEW

Brown James
349-06-20801

DATE		OBSERVATIONS	
26	07	NEW FACILITY: <i>Hm DC</i>	PREVIOUS FACILITY: <i>Amkc</i>
TIME	<i>4AM</i>	DOC ADMISSION DATE: <i>11/21/06</i>	
DOC NO	NURSING REVIEW		
I	INTAKE HISTORY & PHYSICAL DOCUMENTED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
R	RPR RESULTS		<input type="checkbox"/> POS <input checked="" type="checkbox"/> NEG
U	U/A RESULTS		<input type="checkbox"/> POS <input checked="" type="checkbox"/> NEG
P	PPD RESULTS		<input type="checkbox"/> POS <input checked="" type="checkbox"/> NEG
NURSING FOLLOW-UP SCHEDULED:		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES, FOR	F/U DATE:
PRIORITY	PRIORITY CHART FOR CLINICIAN: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, REASONS:		
IF YES, CHART GIVEN TO:			
COMPL	COMPLETED BY: <i>R. L. [Signature]</i>	PRINT/STAMP: <i>Roselyn Bean-Pratt, RN</i>	DATE: <i>2/6/07</i>
TIME	MD/PA REVIEW		
73	ALLERGIES: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> YES:		
0750	MEDICAL PROBLEMS REQUIRING FOLLOW-UP: <input type="checkbox"/> NONE <input type="checkbox"/> YES FOLLOW-UP TYPE & DATE:		
1. <i>Mental Health</i>			
2. <i>Sf Chert tube f/u p.m.</i>			
3.			
LAB/XRAY FOLLOW-UP: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> YES:			
MEDICATIONS RE-WRITTEN (TRANSFERS FROM VCBC, NIC, CDU ONLY): <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES, LIST:			
IMMUNIZATIONS: 1. PNEUMOVAX: <input checked="" type="checkbox"/> NOT INDICATED			
<input type="checkbox"/> YES, GIVEN <input type="checkbox"/> YES, REFUSED <input type="checkbox"/> YES, F/U DATE:			
2. FLU VACCINE (IN SEASON): <input checked="" type="checkbox"/> NOT INDICATED			
<input type="checkbox"/> YES, GIVEN <input type="checkbox"/> YES, REFUSED <input type="checkbox"/> YES, F/U DATE:			
CONSULTS RE-WRITTEN (IF PAST DUE OR NO RECORD IN CHART) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES:			
DIETARY CONSULT WRITTEN: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES:			
HIV TESTING: <input type="checkbox"/> DONE <input checked="" type="checkbox"/> DECLINED <input type="checkbox"/> RE-OFFERED, DATE:			
MENTAL HEALTH F/U: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> YES, ROUTINE CONSULT <input type="checkbox"/> YES, STAT CONSULT			
PATIENT CALLED TO CLINIC: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES (SEE PROGRESS NOTE)			
DISPOSITION: <input type="checkbox"/> OP <input type="checkbox"/> DETOX <input type="checkbox"/> MO <input type="checkbox"/> INF <input type="checkbox"/> CDU <input type="checkbox"/> ER <input type="checkbox"/> URG			
OK FOR SEGREGATED HOUSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, REASONS:			
OK FOR FOOD HANDLERS CERTIFICATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO, REASONS:			
HEAT SENSITIVE HOUSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Laurence Rezakalla, MD			
2/6/7			

Ar

REVIEWED BY: [Signature] COMPLETE THE PROBLEM LIST

**AMKC - C 95 Mental Health
GP Caseload Discharge Summary**

11/21

Date: 12/13/06Patient: Brown, JamesB&C: 3490620801Date admitted to caseload: 12/06Reason for admission: report of h/o MH tx (not verified)

Initial diagnosis

Axis I

r/o SI MD ; Alcohol
r/o SI PD Cocaine Dep

Axis II

ASPD

Axis III

asthma

Reason for termination:

Pt denies distress or psychosis.He denies need for MH tx. Pt presents w/out investment in verbal tx.

Medication as discharge:

None (Remeron d/c'd 12/7/06)

Psychiatrist's signature and date noted:

X _____

Date: _____

Discharge diagnosis:

Axis I

Alcohol & Cocaine Dep

Axis II

ASPD

Axis III

asthma

Jennifer Gibson, MA
Mental Health Clinician
Supervisor's signature X

Jennifer Gibson
Janet A. Sendar, Psy.D

Janet A. Sendar, Psy.D
Clinical Supervisor/Public Health

Date: 12/13/06Date: DEC 13 2006

Brown
JamesNYC HEALTH AND HOSPITALS CORPORATION
CORRECTIONAL HEALTH SERVICES

MENTAL HEALTH PROGRESS NOTE

BKC #:

3490620801

EVERY ENTRY MUST BE DATED AND SIGNED12/13/06
1030
AM
GP
AMKES: Seen today. Meds d/c'd 12/7/06.
Pt denies psychogenic distress.

O: General Appearance: Alert.

Mood: Neutral Affect: Expansive

Thought Process: NO FTIS.

Perceptions: @ A/H. @ S/H ideation/intent.

Insight: POOR Judgment: IMPAIRED Impulse Control: VARIABLE

A: Pt is attention-seeking and provocative. When asked by Axis I: this writer to cease such behavior pt became hostile. Axis II: verbally abusive disrespectful and threatened physical Axis III: harm to this writer. Pt Axis IV: presents w/out investment in verbal therapy. No report of recent MH tx (not reliable).

☒ Pt to be discharged from mental health services.☐ Pt signed Refusal of Treatment form.P: D/c from MH
+X. NO MH flv.Jennifer Gibson, MA
Signature of Mental Health StaffJennifer Gibson, MA
Mental Health Clinician
Name of Mental Health Staff

Reminder: Fully Complete the Problem List



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

Brown James

349-06-20801

DATE	OBSERVATIONS
2/6/07	Post note
6/26/07	(S) Pt. c/o footache started on PCN via a Transdermal
8/20/07	while in clinic. Requesting to see the dentist
	& #2 also requesting note to keep his sneakers
	(A) VS 110/80 14 72.
	mouth: (P) lower 1st molar cracked & caused some
	gumming. Small pustule below above tooth
	Teeth: w/L.
	(A) Dental care / abscess
	A/C: no plans
	(P) Dental consult
	interior crown needs
	Prosthetic consult
	J. B.
	on Parks, RPA
	Frantz Medford, MD



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

Brown Jones
3490620801

DATE	OBSERVATIONS
11/25/06	Emergency Call
10:40am	Called to see a patient who
AMKC	was said to be having problem
	breathing
	He - "I am okay, I just wanted
	to see a doctor so that I won't be
	asked to do push-ups. I am
	breathing fine & I do not want
	any CX-R
	Re L lung mass in no acute
	respiratory distress
	BP 120/70 P92 R16 T98
	Chest - clear clinically
	- surgical scar present on the
	(L) axilla + (R) axilla & belows
	- Good all bilaterally
	CVS - 1152 (R)
	Abd - B20, not
	Wounds - 1152 x 3
	Ext - 2 edema
	Impression - Clinically stable
	but will need a routine exam
	because of the history of lung
	injury & repair. MD/PA for CX-R
	Plan - for a follow up visit
	11/26/06 - MD/PA for evaluation
	of left arm

Brown, James

349-06-20801. 5513644R

4/27/1968. M

NEW ADMISSION PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

CHS 288-D (Rev. 9/05)

REMINDER: FULLY COMPLETE THE PROBLEM LIST

PROGRESS NOTE

James Brown
3426 20801

DATE	OBSERVATIONS
C 95 11/25/86 9	PPD Presents for PPD reading Chest induration 00 MM induration Tuberculin test (negative) Tuberculin test result Chest x-ray LFTS done on Tuberculin test given on 11/25/86 S. Name: Ray, Kevin (last)
	<div style="border: 1px solid black; padding: 5px;"> <p>S-Second HIV rapid testing offer. G-Patient refused first rapid HIV offer. A-Potential for Infection to unknown HIV status P-Patient registered <input checked="" type="checkbox"/> refused Accepted by: _____ HIV counselor _____</p> </div>



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

Brown James
34-9 06 20801

EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
11/25/06	Nurses note
11/26/06	Received emergency call at about 10 AM. Observed pt in 4 main setting NC SOB noted. PT claimed that he was doing push ups then having difficulty breathing. PT wheeled in stretcher to clinic. V/S 98 - 72 - 16 126/70 PT stated that he is doing much better and he just want to see a doctor to make sure that he is OK. PT refused Chest X-Ray and no acute respiratory distress noted. For follow up visit scheduled 11/26/06 for VTE and MD/PA re-evaluation.
11/26/06	Carmen Napier C. Napier RN
11/26/06	PT. as noted from doc for C-95 noted signs and re-evaluation by MD. He gave and referred to be seen for a bit more follow up. He had "a few more" signs. The signs referred from MD informed.
11/26/06	Celia Aquino, RN
12/27/06	PT for side call, was called at 9:50 AM but no response.
12/27/06	OK



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

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Brown James
349 062 0801

DATE	OBSERVATIONS
12/1/07 1005A ES	38 yo (+) toothache & minimal swelling (2) face green & no fever no chills. P 23 20 x 3 N/A 3/12/00 78 216 198.1 Months (+) tenderness (2) pain greenish no bleed no discharge (+) minimal swelling on (2) side of mouth. w/ff toothache. Dental abscess Plan Penicillin 320 mg 1 tab po 4x daily Metronidazole 400 mg po BID x 4 days Add consult Guy Kelly, RPA

pt At COURT 4/25/07 * pt refusing mH services *
pt At LAW LIBRARY 4/27/07 *
pt At LAW LIBRARY 5/18/07

NYC Health FOR NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE	DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT CORRECTIONAL HEALTH SERVICES	PSYCHOSOCIAL EVALUATION
--	--	--------------------------------

PATIENT'S LAST NAME Brown		FIRST NAME James					
BOOK & CASE NUMBER 3490620801	NYSID NUMBER 5513644R	DOB 4/27/68	AGE 38	ETHNICITY BLACK	DATE 5/18/07	TIME 12:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
FACILITY & HOUSING AREA QWC	HOME ADDRESS 115 E 10th St. Canarsie, NY 11230	<input type="checkbox"/> HOMELESS	PRIMARY LANGUAGE English	SPEAK ENGLISH EFFECTIVELY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INTERPRETER NEEDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

PRESENTING PROBLEM AND SYMPTOMS *AS PER PA 12/2/06*

pt has been refusing mH services and largely uncooperative in MAHUI *

"I'm depressed due to my family"

HISTORY OF PRESENT ILLNESS (INCLUDE TREATMENT DURING PAST INCARCERATIONS) *AS PER PA 12/2/06*

pt claims to be depressed and poor sleep.

MENTAL HEALTH COURSE SINCE INCARCERATED / ADMITTED FOR MENTAL HEALTH SERVICES

pt has been refusing mH services and since trans to MAHUI has been largely uncooperative

CURRENT ARRESTS / INCARCERATION INFORMATION

pt uncooperative

PSYCHIATRIC HISTORY

Prior Diagnosis: ☐ None ☐ Unknown ☐ Yes (Describe Below) Age of Onset

pt stated he has been "in hospital 4 10+"

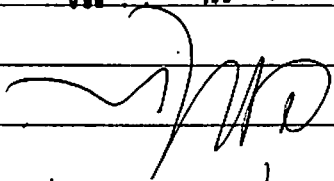
PRIOR TREATMENT HISTORY

☐ None ☐ Inpatient ☐ Day Treatment ☐ Outpatient ☐ Correctional Based

Most Recent Treatment Provider Name: Address:

Phone: **pt uncooperative** Date Last Seen:

Patient Response to Last Treatment ☐ Good ☐ Fair ☐ Poor ☐ Non-Compliant

DATE	OBSERVATIONS
	MT note -
	pt seen today for flu and did not report any concern/complaints
10:25am	at this time.
	pt alert, coherent, cooperative, OX3. Mood neutral w/ appropriate affect. Thought process logical and goal directed.
	pt coping, future oriented. ST/HI W3 evidence of psychosocial distress at this time.
	continue in mtg w/ u/ mtg flm.
	
	Christina Minervini, MA Mental Health Clinician

EVERY ENTRY MUST BE DATED AND SIGNED

PROGRESS NOTE
 DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
 CORRECTIONAL HEALTH SERVICES

 Brown, James
 3490020801

~~Christina Minervini, MA
Mental Health Clinician~~

WASH. D
C

note
per co moration, pt was at
law library. Clinician will restructure

11/20

945th; b

AS per officer Walden, PT is at court today. Clinician will file and reschedule.

- How HW

OBSERVATIONS

DATE _____

EVERY ENTRY MUST BE DATED AND SIGNED

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NATIVE IN INDIAN
ALL INDIAN IN

DIVISION OF HEALTH CARE ACCESS AND
CORRECTIONAL HEALTH SERVICES

Health

Brown, James
3490020801

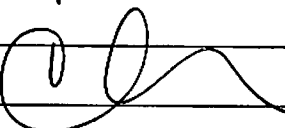
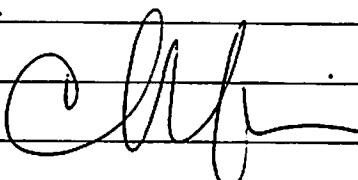
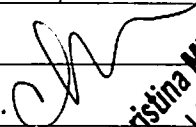


DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

Brown, James
3490620801

EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
	MH note -
4/27/07	AS per DOC officer MARQUEZ, PT WAS at law library. Clinician will
gnc	reschedule flu.
9A	 Christina Minervini, MA Mental Health Clinician
	MH note -
5/11/07	AS per DOC officer, PT WAS at law library.
gnc	Clinician will reschedule flu
10:00AM	and PS/CTP.
1A	 Christina Minervini, MA Mental Health Clinician
	MH note -
5/18/07	PT seen today for PS/CTP (refused to sign)
12:45PM	PT has been uncooperative w/ MH staff. PT
gnc	reported headaches & blurry vision. Clinician
1A	instructed PT to speak w/ medical staff & Clinician notified DOC officer Booker.
	PT tangential, rapid speech, loud tone of voice. Alert, OX3 and hyperactive in chair.
	PT appeared future oriented & @SI/HI. He also reported "A fear of cuffs."
	Continue w/ MH staff w/ MH flu 1 WK. 

Christina Minervini, MA
Mental Health Clinician



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

COMPREHENSIVE TREATMENT PLAN AND DISCHARGE SERVICE NEEDS

pt at court 4/25/07 *pt refused 4/26/07* *pt at law library 4/27/07*

PATIENT'S LAST NAME: Brown FIRST NAME: James BOOK AND CASE NUMBER: 3490020801

NYSID NUMBER: 55130442 MO: 8 GGP FACILITY & HOUSING AREA: JAIL DOB: 4/27/08 DATE OF ADMIT TO MENTAL HEALTH SERVICES: DATE OF TREATMENT PLAN: 5/18/07

DIAGNOSIS: X ADP PH 12/12/06

AXIS I: P/D SIMD, ETOH & Cocaine Dep. P/D SIMD

AXIS II: ASPD

AXIS III: Asthma, collapsed lung.

PRESENTING SYMPTOMS (Partial List of Symptoms Frequently Presented/Check All that Apply)

BEHAVIOR: ☐ Aggressive Behavior ☒ Antisocial Behavior ☐ Bizarre Behavior ☐ Feigning of Symptoms ☒ Non-compliance Treatment ☐ Poor Self-Care
☐ Repeated Lying ☐ Self-Mutilating Behavior ☐ Sexual Preoccupations ☒ Substance Abuse
☐ Suicidal ☐ Suicidal Ideation ☐ Suicidal Gesture ☐ Suicidal Attempt N/A

FEELINGS: ☐ Apathy ☐ Blunted Affect ☐ Decrease in Energy or Fatigue ☐ Decreased Appetite ☐ Dizziness or Lightheadedness ☐ Excessive Worrying
☐ Feelings of Hopelessness ☐ Flat Affect ☐ Insomnia ☐ Loss of Interest ☐ Persistent Anger ☐ Pressured Speech
☐ Psychomotor Agitation ☐ Psychomotor Retardation ☒ Tremors ☐ Withdrawal/Detox from Drugs
☒ Mood Changes ☐ Anxious ☐ Depressed ☒ Elevated ☐ Irritable

THOUGHTS: ☒ Distractibility ☐ Flight of Ideas ☐ Hallucinations (Auditory) ☐ Hallucinations (Visual) ☐ Incoherence ☐ Loosening of Association
☐ Memory Impairment ☒ Racing Thoughts ☐ Religious Preoccupation
☐ Delusions ☐ Grandeur ☐ Paranoid ☐ Persecutory ☐ Somatic N/A

MENT: ☐ Cognitive Impairment ☒ Impaired Judgment ☐ Neglect of Medical Condition

OTHER (Specify): rapid/loud speech.

STRESSORS (Check All that Apply)

LEGAL: ☐ Legal Issues (Specify): pt poor informant

INSTITUTIONAL: ☐ Problems with Other Inmates ☐ Problems with DOC ☐ 23-Hour Lockdown Issues

SOCIAL: ☐ Recent Death/Losses ☐ Spouse/Child Problems Death in 12/12/06

MEDICAL: ☐ Pregnant ☐ Withdrawal/Detoxification from Drugs ☒ Severe Medical Problems collapsed lung.

OTHER (Specify):

PATIENT CHARACTERISTICS (Check Whether the Following Characteristics are Strengths or Weaknesses of the Patient)

CHARACTERISTICS	STRENGTH	WEAKNESS	CHARACTERISTICS	STRENGTH	WEAKNESS
Complaint with Treatment		✓	Work History		✓
Motivated for Treatment		✓	Interpersonal Skills		✓
Support System	✓	✓	Insight	✓	
Domiciled	✓	✓	Health		✓
Education		✓	Hospitalizations		✓



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

COMPREHENSIVE TREATMENT PLAN AND DISCHARGE SERVICE NEEDS

ASSESSMENT OF PROBLEMS AND NEEDS					
PROBLEM #1	GOAL	OBJECTIVE #1 - Patient will...	OBJECTIVE #2 - Patient will...		
Mood irritability Instability	↑ and maintain at euthymic level	ID triggers of change in mood	comply w/ MH TX		
		TARGET DATE: 01/1/07	TARGET DATE: 01/1/07		
PROBLEM #2	GOAL	OBJECTIVE #1 - Patient will...	OBJECTIVE #2 - Patient will...		
SA	Abstinence	ID stressors and Alternative coping skills	comply w/ MH TX		
		TARGET DATE: 01/1/07	TARGET DATE: 01/1/07		
PROBLEM #3	GOAL	OBJECTIVE #1 - Patient will...	OBJECTIVE #2 - Patient will...		
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black; transform: rotate(45deg); opacity: 0.5;"></div> </div>					
		TARGET DATE:	TARGET DATE:		
TREATMENT MODALITY AND FREQUENCY OF SERVICE (Check All That Apply and Indicate Frequency of Service)					
MODALITY	FREQUENCY OF SERVICE			RESPONSIBLE STAFF	
<input checked="" type="checkbox"/> Clinician Visits	<input checked="" type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:	Christina Minervini, MA Mental Health Clinician
<input type="checkbox"/> Psychiatrist Visits	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:	
<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:	
LEVEL OF CARE: <input type="checkbox"/> GP <input checked="" type="checkbox"/> MO <input type="checkbox"/> MHC <input checked="" type="checkbox"/> 23 HOUR LOCKDOWN <input type="checkbox"/> INFIRMARY					
NAME OF MEDICATIONS: <u>none at this time</u>					



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

COMPREHENSIVE TREATMENT PLAN AND DISCHARGE SERVICE NEEDS

SENTENCED: ☐ YES, Projected Release Date: ☒ NO

ACCEPTED DISCHARGE PLANNING SERVICES: ☒

DECLINED DISCHARGE PLANNING SERVICES: ☐ Date: N/A

☐ Declined Some Discharge Planning Services (See Declination Form)

CURRENT DSM-IV DIAGNOSIS: As per PA 12/10/07

AXIS I: R/O SIMD

ETOH & Cocaine Dep

R/O SPD

AXIS II: ASPD

AXIS III: Asthma, collapsed lung

AXIS IV: moderate

AXIS V: 00-70

PSYCHOTROPIC MEDICATION FOR MENTAL HEALTH DIAGNOSIS:

☒ NO ☐ YES, if yes: ☐ Mood Stabilizers ☐ Antipsychotics ☐ Other:

Likely SPMI Designation: ☐ YES ☒ NO ☐ CAN'T DETERMINE

CURRENT SPMI Designation: ☐ YES ☒ NO If changed from prior designation, explain rationale:

BOROUGH OF RESIDENCE PRIOR TO ARREST: ☐ MANHATTAN ☐ BRONX ☒ BROOKLYN ☐ STATEN ISLAND ☐ QUEENS ☐ OTHER:

HOMELESS UPON ARREST: ☐ YES ☒ NO HOMELESS UPON DISCHARGE: ☐ YES ☒ NO

COMMUNITY TREATMENT:

PRIOR TO INCARCERATION

☐ Outpatient/Clinic
☐ Day Treatment
☐ Partial Hospitalization
☐ Case Management ☐ AOT
☐ MICA ☐ Residence ☐ Outpatient/Clinic ☐ Day Treatment

pt poor informant

RECOMMENDED UPON RELEASE

☐ Outpatient/Clinic
☐ Day Treatment
☐ Partial Hospitalization
☐ Case Management ☐ AOT
☐ MICA ☐ Residence ☐ Outpatient/Clinic ☐ Day Treatment

ENTITLEMENTS:

HAVE

☐ Medicaid
☐ SSI or SSD
☐ Private Insurance
☐ Public Assistance

pt poor informant

NEED

☐ Medicaid
☐ SSI or SSD
☐ Private Insurance
☐ Public Assistance

PATIENT'S STATEMENT OF INVOLVEMENT:

I have participated in the review of my treatment plan. I have discussed it with my Clinician/Psychiatrist and agree to participation in the plan.

☐ I want to add something:

REVIEWED BY: James Brown

Christina Minervini, MA

COMPLETED BY: Mental Health Clinician

REVIEWED AND APPROVED BY: N/A

David Jurich, PhD

REVIEWED AND APPROVED BY: Clinical Supervisor

SIGNATURE

DATE

5/18/07

SIGNATURE

DATE

5/18/07

SIGNATURE

DATE

5/18/07

SIGNATURE

DATE

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
 CORRECTIONAL HEALTH SERVICES

MENTAL HEALTH INTAKE FORM

PLACE MEDICAL LABEL HERE

11/6/1

PATIENT'S LAST NAME <i>Brown</i>		FIRST NAME <i>James</i>	
BOOK & CASE NUMBER <i>349 06 20801</i>	NYSID NUMBER <i>5513644R</i>	DOB <i>4-7-76</i>	AGE <i>38</i>
ETHNICITY <i>AA</i>		DATE <i>12-2-06</i>	TIME <i>12:30</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
FACILITY & HOUSING AREA <i>C95 Q43 13 Turner</i>	HOME ADDRESS <i>713 East 108 St. Bklyn. 11236</i>	<input type="checkbox"/> HOMELESS	PRIMARY LANGUAGE <i>English</i>
PATIENT REFERRED BY: <i>DOC</i>		REASON FOR REFERRAL: <i>Bereavement</i>	

PRESENTING PROBLEM

"I'm depressed due to death in the family.
I'm hearing the voices of my dead sister, and other whispers.
The cell is getting to me."

SCREENING

COMMENTS

1. Are you experiencing depression, anxiety, or hallucinations?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>Reported hallucinations/auditory</i>
2. Have you experienced these symptoms in the past?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3. Have you had any previous mental health treatment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>outpt. services antidepressants; zolapt</i>
4. Just prior to your arrest were you taking psychiatric medication?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
5. Do you currently have a mental health case manager?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<i>Crack cocaine 150/daily 5/mos.</i>
6. Do you or have you ever used alcohol or drugs? (If yes, quantity, duration and type of drug)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
7. Has anyone physically or sexually abused you?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<i>Abuse, mother</i>
8. Has anyone in your family ever taken medication or been hospitalized for mental illness?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. Is there any history of family members trying to hurt themselves?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>Abuse suicide in the 1980's 2003; 1985 hanging</i>
10. Have you ever tried to hurt yourself? (If yes, give reason, method, precipitant, and whether hospitalized)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. Are you thinking about hurting yourself? (If yes, why and do you have a plan?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<i>Only god could help me.</i>
12. Do you see any other alternatives or solutions to the problem?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
13. Have you ever hurt anyone when you were angry or upset?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
14. Are you planning to hurt someone? (If yes, who?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. What do you do when you get upset? (Describe coping mechanisms)		
<i>Ignore or isolate from others</i>		
16. What are some recent stressors? (Include reasons for incarceration, punitive segregation time, or family/community issues)		
<i>death of family member.</i>		
17. Describe significant medical history		
<i>Asthma; 2 lung collapse</i>		
18. Are you receiving any entitlements? <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> VA <input type="checkbox"/> PA <input type="checkbox"/> FS <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> NONE		

MENTAL STATUS

ORIENTATION TO <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person	APPEARANCE <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	RELATEDNESS <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	PSYCHOMOTOR ACTIVITY <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Retardation <input type="checkbox"/> Agitation	ATTITUDE <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	SPEECH <input checked="" type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Normal Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Spontaneous	MOOD <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Depressed <input type="checkbox"/> Irritable <input type="checkbox"/> Elated <input type="checkbox"/> Angry
AFFECT <input checked="" type="checkbox"/> Full Range <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted <input type="checkbox"/> Flattened <input type="checkbox"/> Labile <input type="checkbox"/> Appropriate to mood <input type="checkbox"/> Inappropriate to mood		THOUGHT PROCESS <input checked="" type="checkbox"/> Logical <input type="checkbox"/> Illogical <input type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant <input type="checkbox"/> Blocked <input type="checkbox"/> Circumstantial <input type="checkbox"/> Impoverished <input type="checkbox"/> Tangential <input type="checkbox"/> LOA <input type="checkbox"/> FOI		DELUSIONS <input checked="" type="checkbox"/> None <input type="checkbox"/> Persecution <input type="checkbox"/> Other: Content: <i>Reported of hallucinations</i>		HALLUCINATIONS <input type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Tactile <input type="checkbox"/> Olfactory Content: <i>Reported of hallucinations</i>
JUDGMENT <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Impaired	INSIGHT <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	MEMORY <input checked="" type="checkbox"/> No Memory Impairment <input type="checkbox"/> Memory Impaired: ○ Remote ○ Recent ○ Immediate		INTELLIGENCE <input type="checkbox"/> Above average <input checked="" type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Cognitive Impairment		IMPULSE CONTROL <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

CLINICAL FORMULATION AND DIAGNOSIS

Pt. is a 38 y.o. AA male. He reported a hx. of mental health treatment (outpt.) and anti-depressant (2003). He also reported crack/cocaine daily for 5 mos. 150/daily. He denied BHT. Hx. of suicide attempt in 2003 via attempted hanging. Speech lucid; gait unremarkable; OX3; affect full range & euthymic mood. T/P @ A/V hallucinations T/C @ del. Ht content. Judgment and insight appears fair. Memory problems. Denies current S/H/I plan and intent. Impulse control fair. Pt. appears to be malingering → in office he c/o melancholic feelings, but in the hallway he was fraternizing w/ officers and medical staff and appeared euthymic.

PRELIMINARY TREATMENT PLAN

PROBLEMS IDENTIFIED	GOALS	SUGGESTED TREATMENT
Bereavement	↑ Mood	Counseling/therapy

DISPOSITION AND RECOMMENDATIONS

<input type="checkbox"/> GENERAL POPULATION WITH NO FOLLOW-UP	GENERAL POPULATION WITH MENTAL HEALTH FOLLOW-UP <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Psychiatrist	MENTAL OBSERVATION HOUSING <input type="checkbox"/> Cell <input type="checkbox"/> Mental Health Center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Dormitory <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Hospital
AXIS I Cocaine dependence (CPR); R/o SMD;	AXIS I R/o Malingering	
AXIS II Antisocial Traits		
AXIS III Collapsed Lung; Asthma		
AXIS IV Stressors: <input type="checkbox"/> None <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme		
AXIS V GAF Past <i>50</i>	GAF Present <i>75</i>	

<i>Danah</i> Clinician - Print, Title and Signature	<i>12-2-06</i> Date	Salome L. Ott, Ph.D. Clinical Supervisor/P.H. <i>80</i>	<i>12/3/06</i> Date
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CRITERIA FOR LIKELY SEVERE AND PERSISTENT MENTAL ILLNESS (SPMI) AMONG ADULTS

To meet the criteria for likely severe and persistent mental illness (SPMI), at Initial Assessment, section 1 must be answered YES/LIKELY and, at least one of 2A, 2B, 2C, or 2D must be answered YES/LIKELY.

Before filling out this SPMI determination, refer to the questions on the reverse side to gather additional information from the inmate.

SECTION 1 1. Designated Mental Illness Diagnosis The individual is 18 years of age or older and currently meets the criteria for a DSM-IV psychiatric diagnosis other than alcohol or drug disorders (291xx-292xx, 303xx-305xx), organic brain syndromes (290xx, 293xx-294xx, 310xx), developmental disabilities (299xx, 315xx, 317xx-319xx), or social conditions (Vxx.xx). ICD-9-CM categories and codes that do not have an equivalent in DSM-IV are also not included as designated mental illness diagnoses.	Yes/likely	<u>No</u>	Can't Determine
SECTION 2 2A. SSI or SSDI Enrollment Due to Mental Illness The individual is currently [or was within the last year]* enrolled in SSI or SSDI due to a designated mental illness.	Yes/likely	<u>No</u>	Can't Determine
2B. Extended Impairment in Functioning Due to Mental Illness - Option 1: The individual has experienced two of the following four functional limitations due to a designated mental illness over the past 12 months on a continuous or intermittent basis: 1. Marked difficulties in self-care: <u>yes</u> <u>no</u> (Personal hygiene, diet, clothing, avoiding injuries, securing health care or complying with medical advice). 2. Marked restriction of activities of daily living: <u>yes</u> <u>no</u> (Maintaining a residence; using transportation; day-to-day money management; accessing community services). 3. Marked difficulties in maintaining social functioning: <u>yes</u> <u>no</u> (Establishing and maintaining social relationships; interpersonal interaction with primary partner, children, other family members, friends, neighbors; social skills; compliance with social norms; appropriate use of leisure time). 4. Frequent deficiencies of concentration, persistence or pace result in failure to complete tasks in a timely manner in work, home, or school settings: <u>yes</u> <u>no</u> . (Ability to complete tasks commonly found in work settings or in structured activities that take place in home or school setting; individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in tasks, or require assistance in the completion of tasks).	Yes/likely	<u>No</u>	Can't Determine
2C. Extended Impairment in Functioning Due to Mental Illness - Option 2: The individual has met criteria for ratings of 50 or less on the Global Assessment of Functioning scale (Axis V of DSM-IV) due to a designated mental illness over the past twelve months on a continuous or intermittent basis.	Yes/likely	<u>No</u>	Can't Determine
2D. Reliance on Psychiatric Treatment, Rehabilitation, and Supports A documented history shows that the individual at some prior time, met the threshold for B or C (above), but symptoms and/or functioning problems are currently attenuated by medication or psychiatric rehabilitation and supports. Medication refers to psychotropic medications which may control certain primary manifestations of mental disorder, e.g. hallucinations, but may or may not affect functional limitations imposed by the mental disorder. Psychiatric rehabilitation and supports refer to highly structured and supportive settings which may greatly reduce the demands placed on the individual and, thereby, minimize overt symptoms and signs of the underlying mental disorder.	Yes/likely	<u>No</u>	Can't Determine

Inmate meets criteria for LIKELY SPMI: YES , NO ✓, Can't Determine

Signature and Title Diana P. P., Cht. Supr. Date: 12.2.06

* [or was within the last year] is not a part of the NYS definition

CHS Rev. 3/06

Discharge Plan

Must be completed no later than five business days after the completion of the CTD.

I.

Last Name BROWN

First Name James

B&C #: 349 -06-20801

SPMI: ☒ NO ☐ YES

II.

ARMED FORCES: ☒ No ☐ Yes

If, Yes: ☐ Honorable D/C or ☐ Other than Honorable

III.

Medicaid:

Medicaid Prescreening Refused: ☐ No ☐ Yes (See Declination Form)

Medicaid Prescreening Status: ☐ Active ☐ Reactivate

☐ Needs New Application Date Submit: _____

Medicaid Application Refused: ☐ No ☐ Yes (See Declination Form)

IV.

PA (For SPMI C/M Only):

Refused: ☐ NO ☐ YES (See Declination Form)

Date Submitted: _____

V.

MGP Card Eligibility: ☐ NO ☐ YES

Reason For Ineligibility:

☐ Active Medicaid

☐ Reactivated Medicaid

☐ Not Eligible for Medicaid

☐ Not Emancipated Minor

☐ Not on medication or in need of prescription

FUNCTIONAL LEVEL IN THE COMMUNITY (IN THE LAST 12 MONTHS)			
CATEGORIES	FULLY FUNCTIONAL		
SELF-CARE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Unable To Tend To:	<input type="checkbox"/> Hygiene <input type="checkbox"/> Diet <input type="checkbox"/> Clothing <input type="checkbox"/> Personal Safety <input type="checkbox"/> Medical Needs
ACTIVITIES OF DAILY LIVING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Unable To:	<input type="checkbox"/> Maintain Housing <input type="checkbox"/> Use Transportation <input type="checkbox"/> Manage Money <input type="checkbox"/> Access Community Services
SOCIAL FUNCTIONING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Unable To:	<input type="checkbox"/> Have Social Relationships <input type="checkbox"/> Interact with Significant Partner, Child, Family or Friends <input type="checkbox"/> Comply with Social Norms
TASK COMPLETION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Unable To:	<input type="checkbox"/> Complete Tasks at Home <input type="checkbox"/> Complete Tasks at Work <input type="checkbox"/> Use Leisure Time
If impaired in any two (2) categories of function was this the result of mental illness, excluding identified social conditions, substance related diagnosis, organic brain syndrome, and developmental disabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO N/A			
If No, would this patient currently have serious symptoms, serious impairments or be functionally limited by mental illness if not currently attenuated by medication, psychiatric rehabilitation or supports? <input type="checkbox"/> YES <input type="checkbox"/> NO N/A			
SPMI STATUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
MENTAL STATUS (Check all descriptions present under each item in the examination. Write "N/A" in the space provided if the item was not assessed. Explain deviations from normal in the comments area).			
PEARANCE: <input checked="" type="checkbox"/> Chronological Age <input checked="" type="checkbox"/> Normal Weight <input type="checkbox"/> Overweight <input type="checkbox"/> Underweight <input checked="" type="checkbox"/> Physical Abnormalities <input checked="" type="checkbox"/> Well Groomed <input type="checkbox"/> Well Dressed <input checked="" type="checkbox"/> Unkempt <input type="checkbox"/> Disheveled		ATTITUDE: <input checked="" type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Relates Well <input checked="" type="checkbox"/> Engageable <input type="checkbox"/> Good Eye Contact <input type="checkbox"/> Naive Attitude <input type="checkbox"/> Hostile <input type="checkbox"/> Uncooperative <input type="checkbox"/> Avoids Eye Contact <input type="checkbox"/> Suspicious <input type="checkbox"/> Guarded <input type="checkbox"/> Evasive	
ATTENTION: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Adequate Attention Span <input type="checkbox"/> Hyper-vigilant <input type="checkbox"/> Poor Attention Span <input type="checkbox"/> Apathetic <input type="checkbox"/> Self Absorbed <input type="checkbox"/> Distractible <input type="checkbox"/> Confused		SPEECH: <input type="checkbox"/> Normal Rate of Speech <input type="checkbox"/> Clear Articulation <input checked="" type="checkbox"/> English Speaking <input type="checkbox"/> Slow <input type="checkbox"/> Hesitant <input type="checkbox"/> Spanish Speaking <input type="checkbox"/> Delayed Reaction <input type="checkbox"/> Monotonous <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Interpreter Used <input checked="" type="checkbox"/> Loud <input type="checkbox"/> Poor Grammar <input type="checkbox"/> Low <input type="checkbox"/> Mumbled <input type="checkbox"/> Limited Vocabulary <input type="checkbox"/> Slurred <input type="checkbox"/> Unusual Language Use	
ORIENTATION: <input checked="" type="checkbox"/> Fully Oriented <input type="checkbox"/> Disoriented to Time <input type="checkbox"/> Disoriented to Place <input type="checkbox"/> Disoriented to Person		MOOD AND AFFECT: <input checked="" type="checkbox"/> Euthymic (Normal Range) <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Inappropriate <input type="checkbox"/> Depressed <input type="checkbox"/> Angry <input type="checkbox"/> Blunted <input type="checkbox"/> Elated <input type="checkbox"/> Flattened <input type="checkbox"/> Labile	
THOUGHT PROCESS PRODUCTIVITY: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Impoverished <input type="checkbox"/> Overabundance of Ideas <input checked="" type="checkbox"/> Flight of Ideas		COMMUNITY OF THOUGHT <input type="checkbox"/> Relevant <input type="checkbox"/> Goal Directed <input checked="" type="checkbox"/> Rambling <input type="checkbox"/> Circumstantial <input checked="" type="checkbox"/> Tangential <input type="checkbox"/> Loose Associations <input type="checkbox"/> Derailment <input type="checkbox"/> Blocking <input type="checkbox"/> Illogical	
PERCEPTUAL DISTURBANCE: <input checked="" type="checkbox"/> No Perceptual Distortions none reported <input type="checkbox"/> Auditory Hallucinations <input type="checkbox"/> Visual Hallucinations <input type="checkbox"/> Tactile Hallucinations <input type="checkbox"/> Illusions <input type="checkbox"/> Depersonalization <input type="checkbox"/> Derealizations		INTELLECT <input checked="" type="checkbox"/> Normal Intellectual Functioning <input type="checkbox"/> Borderline Intellectual Functioning <input type="checkbox"/> Signs of Gross Mental Retardation	
CONCENTRATION: <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Impaired		SUICIDAL <input checked="" type="checkbox"/> No Suicidal Thoughts <input type="checkbox"/> Suicidal Thoughts <input type="checkbox"/> Recent Gesture <input type="checkbox"/> Recent Attempt <input type="checkbox"/> Actively Suicidal	
INSIGHT: <input checked="" type="checkbox"/> Complete Denial of Illness <input type="checkbox"/> Slight Awareness of Illness <input type="checkbox"/> Aware, Accepts Recommendations <input type="checkbox"/> Aware, But Refuses Recommendations		JUDGEMENT <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Mildly Impaired <input type="checkbox"/> Severely Impaired	
		ACTIVITY: <input checked="" type="checkbox"/> No Abnormal Movements <input type="checkbox"/> Abnormal Movements <input type="checkbox"/> Abnormal Gait <input type="checkbox"/> Motor Retardation <input type="checkbox"/> Unusual Mannerisms <input type="checkbox"/> Unusual Gestures <input type="checkbox"/> Agitation <input type="checkbox"/> Excitement <input checked="" type="checkbox"/> Hyperactivity	
		THOUGHT CONTENT <input checked="" type="checkbox"/> No Abnormal Content <input type="checkbox"/> Preoccupations <input type="checkbox"/> Delusions <input type="checkbox"/> Ideas of Influence <input type="checkbox"/> Ideas of Influence <input type="checkbox"/> Thought Insertion <input type="checkbox"/> Thought Broadcasting	
		MEMORY <input checked="" type="checkbox"/> No Memory Impairment <input type="checkbox"/> Memory Impaired <input type="checkbox"/> Remote <input type="checkbox"/> Recent <input type="checkbox"/> Immediate	
		HOMICIDAL <input checked="" type="checkbox"/> No Homicidal Thoughts <input type="checkbox"/> Homicidal Thoughts <input type="checkbox"/> Homicidal Threat <input type="checkbox"/> Threatening Behavior <input type="checkbox"/> Recent Attempt <input type="checkbox"/> Actively Homicidal	
		IMPULSE CONTROL <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Mildly Impaired <input type="checkbox"/> Severely Impaired	

Discharge Plan

VI.

Transportation (For SPMI Class Member Only):

Date Offered: _____

Refused: ☐ NO ☐ YES (See Declination Form) ☒ N/A

VII.

Continued Mental Health Treatment:

Refused: ☒ NO ☐ YES (See Declination Form) ☐ N/A

Check all criteria that formed the basis for the referral:

- ☐ Class Member Preferences
 - ☐ Geographic Location of the Class Member
 - ☒ Mental Health Treatment Needs
 - ☐ Integrated Treatment for MICA
 - ☐ Prior Community Treatment History
 - ☐ Mental Health program's capacity and willingness to accept the class member
 - ☐ VA Services
 - ☐ Other (If checked, describe in "Additional Information" below)
- _____
- _____
- _____

Date of Preliminary Referral: _____

Canaisio Amal

Name of the Preliminary Referral Agency

Antake

Preliminary Referral Agency Contact Person Name

718-257-3195

Preliminary Referral Agency Telephone Number

Refused: ☐ NO ☐ YES (See Declination Form) ☐ N/A

Discharge Plan

Additional Information:

Did the class member accept Supportive Housing application/referral? ☐ NO ☐ YES

Date application submitted: _____

If No Please Explain _____

Level of Housing Recommended:

(Check all that apply. At least one item must be checked)

Community Care

- ☐ Supported Housing Program
- ☐ Supported Single Room Occupancy (Supported SRO)
- ☐ Other, Specify _____

Level I

- ☐ Family-Type Home for Adults (Adult Foster Care)
- ☐ Other, Specify _____

Level II

- ☐ Community Residence/Single Room Occupancy (CR/SRO)
- ☐ Apartment Treatment Program (formerly known as Intensive Supportive & Supportive Community Residence)
- ☐ Supervised Community Residence (SUPER/CR)
- ☐ MICA Community Residence (MICA/CR)
- ☐ Residential Care Center (RCCA)
- ☐ Residence for Adults (RFA)
- ☐ Private Proprietary Home for Adults (PPHA, known as Adult Homes)
- ☐ Other, Specify _____

Discharge Plan

Social Worker

D. Smith-Bark

Signature

Robert Bark

Date

2-6-07

Supervisor

Wendy Howell

Signature

Wendy Howell

Date

2-6-07

Distribution:
 Original: Movement Officer (if cleared for Punitive Segregation)
 Copies: Inmate's Legal Folder
 Deputy Warden for Security
 Mental Health Office

Signature of Deputy Warden for Security _____
 Print Name _____
 Date of Review _____

SECTION III - FACILITY REVIEW

C) Name of Mental Health staff conducting the review: David Jurich, PhD
 Signature: [Signature]
 Title: Clinical Supervisor
 Date of Review: 4/20/07
 Time of Review: 1:30 Hours

B) Additional Comments:

- A) Based on Mental Health staff review, the inmate:
- ☒ is known to Mental Health and may be placed in lock-down status in:
 - ☐ A Punitive Segregation Unit ☒ The Mental Health Assessment Unit for Infracted Inmates (MHAU)
 - ☐ is known to Mental Health staff and may not be placed in lock-down status.

SECTION II - TO BE COMPLETED BY MENTAL HEALTH STAFF

D) Name of Hearing Officer: [Signature]
 Prepared by: [Signature]
 Print Name: _____
 Signature: _____
 Rank/Title: _____
 Date: _____



- C) Special Instructions: Check off appropriate box.
 Submit form to the Clinic Captain if either statement #1 or #2 is checked off.
 Submit form to the Deputy Warden for Security if statement #3 is checked off.
1. If inquiry indicates that inmate is known to Mental Health ("M" follows inmate's Book and Case number). ☒
 2. Date of infraction disposition is less than five (5) days of the inmate's date of admission into DOC. ☐
 3. If inquiry DOES NOT indicate the inmate is known to Mental Health (No "M" follows inmate's Book and Case number) and the date of the infraction is five (5) days or more since the inmate has been admitted into DOC custody. ☐


(Indicate amount of Punitive Segregation time)

B) Infraction Information:
 Hearing Date: 4/20/07
 Charge(s): 10/10
 Disposition: 90/90
 Disposition Date: 4/20/07

Housing Area: 8A
 Book & Case #: 34906287
 NYSD #: 5136446
 Facility: CLM
 DOC Admission Date: _____

SECTION I - TO BE COMPLETED BY HEARING OFFICER

	CITY OF NEW YORK DEPARTMENT OF CORRECTION	MENTAL HEALTH REVIEW FOR PUNITIVE SEGREGATION HOUSING	
	Form: MHA-1A Eff.: 10/1/06 Ref.: DO, 64301A-A		

 DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT CORRECTIONAL HEALTH SERVICES PSYCHIATRIC ASSESSMENT		11/21			
PATIENT'S LAST NAME Brown		FIRST NAME James			
BOOK & CASE NUMBER 3490620801	NYSID NUMBER 5513644R	DOB 04/27/68	AGE 38Y	ETHNICITY Black	DATE 12/02/06
TIME 1400		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			
FACILITY & HOUSING AREA Q13L C15	HOME ADDRESS 713 E 108th St Crown Heights NY 11236	<input type="checkbox"/> HOMELESS	PRIMARY LANGUAGE English	SPEAK ENGLISH EFFECTIVELY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INTERPRETER NEEDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PRESENTING PROBLEM (Include source of referral, reason for referral and chief complaint)					
<p>" I am depressed due to death in my family "</p>					
HISTORY OF PRESENT ILLNESS (Development of each symptom with approximate date of onset, precipitating situation and course)					
<p>38Y/O African American, single, unemployed on further Assistant complaints of feeling depressed & poor sleep. Pt also complains of prior of his death sister. Pt denies suicidal / homicidal ideation.</p>					
PAST PSYCHIATRIC HISTORY					
Does patient currently have a Mental Health Case Manager? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
<p>Pt ..</p>					
PAST PSYCHIATRIC HOSPITALIZATION					
DATES	HOSPITAL	REASONS	OUTCOME		
<p>Pt was admitted 20 times in Brooklyn, Manhattan & Kings County. No court and last was in Kings County.</p>					
PAST MEDICATIONS AND RESPONSES					
Immediately prior to the patient's current arrest, was patient prescribed psychiatric medication? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
PAST MEDICATION TRIALS			RESPONSE		
<p>Pt denies</p>					

HISTORY OF SUICIDE ATTEMPTS AND SELF INJURY			CLINICIAN'S ASSESSMENT		
DATE	METHOD	PRECIPITANT	MED. ATTN REQ.	LETHALITY OF ATTEMPT	LIKELIHOOD OF RESCUE
2003	Hanging	Stress	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Does patient have suicidal thoughts?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SOME RISK FACTORS FOR SUICIDE (Note this is only a partial list of factors to consider in assessing if suicidal)		STRENGTHS
Does patient have suicidal intent?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> Hx of alcohol and substance abuse	<input type="checkbox"/> Holiday or anniversary days of significant losses	<input type="checkbox"/> Coping Skills
Does patient have a suicide plan?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Crime committed is shocking	<input checked="" type="checkbox"/> Changes in sleeping patterns	<input type="checkbox"/> Values / Prohibitions
If so, has he/she made preparations?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Held position of respect	<input type="checkbox"/> Rigid rather than flexible personality	<input type="checkbox"/> Good past response to stress
Is the patient imminently suicidal? (Consider Hospitalization)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Hopeless	<input type="checkbox"/> Patient has negative reaction to interviewer	<input checked="" type="checkbox"/> Capacity for reality testing
Is the patient potentially suicidal? (Consider Mental Observation Housing)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Persistent Helplessness	<input type="checkbox"/> Interviewer has negative reaction to patient	<input checked="" type="checkbox"/> Hope for future
If so, what factors may precipitate an attempt?			<input type="checkbox"/> Irrationality	<input type="checkbox"/> Serious medical problems; constant pain, recently diagnosed HIV+	<input checked="" type="checkbox"/> Engagement with clinician
What precautions are being taken to reduce this risk?			<input type="checkbox"/> Rage	<input type="checkbox"/> Shame and guilt	
			<input checked="" type="checkbox"/> Previous suicide attempt	<input type="checkbox"/> Inability to experience pleasure	
			<input type="checkbox"/> Family Hx of suicide	<input type="checkbox"/> No feelings inside	
			<input type="checkbox"/> Major mood disorder	<input type="checkbox"/> More than 10% weight loss	
			<input checked="" type="checkbox"/> Lack or perceived lack of support system	<input type="checkbox"/> Previous psychotic episodes	
			<input checked="" type="checkbox"/> Significant loss (death/end of relationship)	<input type="checkbox"/> Self destructive command hallucinations	
			<input type="checkbox"/> Closeness to court date or sentencing	<input type="checkbox"/> Panic	
			<input type="checkbox"/> Suicide clusters	<input type="checkbox"/> Significant loss	
			<input type="checkbox"/> Sudden or unexplained improvement from intense depressive feelings		
COMMENTS: Pt is not suicidal at this time.					
ASSESSMENT OF IMPULSIVITY (Self-Destructive Behavior or Assaultiveness)					
<input checked="" type="checkbox"/> None <input type="checkbox"/> Past Acts of Violence <input type="checkbox"/> Verbal or Physical Threats <input type="checkbox"/> Psychomotor Agitation <input type="checkbox"/> Paranoid Psychosis <input type="checkbox"/> Mania <input type="checkbox"/> Impulse Dyscontrol					
Comments:					
CURRENT/PAST SIGNIFICANT MEDICAL HISTORY					
<input type="checkbox"/> None <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> HIV or AIDS <input type="checkbox"/> Head Trauma <input type="checkbox"/> Seizures <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Allergies <input type="checkbox"/> Other: _____					
collage of lungs					
Current Medication:					
N/A					
FAMILY HISTORY OF MENTAL ILLNESS (If yes, explain)					
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Describe) siblings brothers had mental illness					

ALCOHOL AND SUBSTANCE ABUSE		<input type="checkbox"/> DETOX [<input type="checkbox"/> Methadone <input type="checkbox"/> Librium]		<input type="checkbox"/> KEEP	
Alcohol Abuse History <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Quantity: <u>5 bottle beer/day</u>		History of Substance Abuse for any of the following: <input type="checkbox"/> None <input type="checkbox"/> Narcotics <input checked="" type="checkbox"/> Cocaine <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Amphetamines <input type="checkbox"/> Stimulants/Anorexicogenic <input type="checkbox"/> Sedatives <input type="checkbox"/> IVDA <input checked="" type="checkbox"/> Alcohol If yes, to the above questions please complete the following:			
Have you ever considered cutting down on your drinking? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Drug I (Name of Drug): <u>Cocaine</u>		Drug II (Name of Drug):	
Have you ever been annoyed by people asking about your drinking? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		When was it first taken? <u>June '06</u>	Amount per day? <u>\$150/day</u>	When was it first taken?	Amount per day?
Have you ever had guilty feelings about your drinking? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Pattern of drug use: <u>daily</u>		Pattern of drug use	
Have you ever needed a drink of alcohol as an "Eye-Opener"? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		What makes him/her start/stop using drugs & alcohol? <u>Relax</u>			
When was the last time you had a drink? <u>Bying</u>		Psychological/Physical complications if any: <u>None</u>			
CURRENT CHARGES:		PAST INCARCERATIONS: <u>720</u>			
<u>Robbery</u>		Received Mental Health Services? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If yes, comment below)			
Reaction to incarceration (Past and Present) <u>"I feel bad"</u>					
Next Court Date: <u>12/04/06</u>					
MENTAL STATUS (Check all descriptions present under each item in the examination. Write "N/A" in the space provided if the item was not assessed. Explain deviations from normal in the comments area).					
APPEARANCE: <input checked="" type="checkbox"/> Chronological Age <input type="checkbox"/> Older <input type="checkbox"/> Younger <input type="checkbox"/> Normal Weight <input type="checkbox"/> Overweight <input type="checkbox"/> Underweight <input type="checkbox"/> Well Groomed <input checked="" type="checkbox"/> Well Dressed <input type="checkbox"/> Unkempt <input type="checkbox"/> Disheveled <input type="checkbox"/> Any Physical Abnormalities Comments:					
ATTITUDE: <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Relates Well <input checked="" type="checkbox"/> Accessible <input checked="" type="checkbox"/> Good Eye Contact <input type="checkbox"/> Avoids Eye Contact <input type="checkbox"/> Suspicious <input type="checkbox"/> Guarded <input type="checkbox"/> Evasive <input type="checkbox"/> Negative Attitude <input type="checkbox"/> Hostile <input type="checkbox"/> Uncooperative <input type="checkbox"/> Silly <input type="checkbox"/> Childish Comments:					
ACTIVITY: <input checked="" type="checkbox"/> No Abnormal Movements <input type="checkbox"/> Abnormal Movements <input type="checkbox"/> Abnormal Gait <input type="checkbox"/> Motor Retardation <input type="checkbox"/> Unusual Mannerisms <input type="checkbox"/> Unusual Gestures <input type="checkbox"/> Excitement <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Agitation Comments:					
ATTENTION: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Adequate Attention Span <input type="checkbox"/> Hypervigilant <input type="checkbox"/> Distractible <input type="checkbox"/> Poor Attention Span <input type="checkbox"/> Self Absorbed <input type="checkbox"/> Confused Comments:					
SPEECH: <input checked="" type="checkbox"/> Normal Rate <input type="checkbox"/> Slow <input type="checkbox"/> Hesitant <input type="checkbox"/> Delayed Reaction <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Loud <input type="checkbox"/> Low <input checked="" type="checkbox"/> Clear Articulation <input type="checkbox"/> Mumbled <input type="checkbox"/> Monotonous Comments:					
LANGUAGE: <input type="checkbox"/> Poor Grammar <input type="checkbox"/> Limited Vocabulary <input type="checkbox"/> Unusual Language Use <input type="checkbox"/> Neologism <input type="checkbox"/> Interpreter Used Comments: <u>good</u>					
ORIENTATION: <input checked="" type="checkbox"/> Fully Oriented <input type="checkbox"/> Disoriented to Time <input type="checkbox"/> Disoriented to Place <input type="checkbox"/> Disoriented to Person Comments:					
CONCENTRATION: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Impaired Comments:					
MOOD: <input type="checkbox"/> Euthymic (Normal Range) <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input checked="" type="checkbox"/> Depressed <input type="checkbox"/> Angry <input type="checkbox"/> Elated Comments:					
AFFECT: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Flattered <input type="checkbox"/> Full Range <input type="checkbox"/> Labile Comments:					
IMPULSE CONTROL: <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Poor Control Comments:					
THOUGHT PROCESS: <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> Impoverished <input type="checkbox"/> Hyperactive <input type="checkbox"/> Overabundance of Ideas <input type="checkbox"/> Flight of Ideas Comments:					
CONTINUITY OF THOUGHT: <input checked="" type="checkbox"/> Relevant <input checked="" type="checkbox"/> Goal Directed <input type="checkbox"/> Rambling <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Loose Associations <input type="checkbox"/> Derailment <input type="checkbox"/> Blocking <input type="checkbox"/> Illogical <input type="checkbox"/> Perseveration <input type="checkbox"/> Evasive <input type="checkbox"/> Distractible Comments:					

THOUGHT CONTENT: ☒ Normal ☐ Preoccupations ☐ Delusions ☐ Thought Insertion ☐ Ideas of Reference
☐ Ideas of Influence ☐ Thought Broadcasting

Comments:

PERCEPTUAL DISTURBANCE: ☐ No Perceptual Distortions ☒ Auditory Hallucinations ☐ Visual Hallucinations ☐ Tactile Hallucinations
☐ Illusions ☐ Depersonalization ☐ Derealizations

Comments:

INTELLECTUAL FUNCTIONING: ☐ High ☒ Average ☐ Low Signs of Gross Mental Retardation ☐ Yes ☒ No

Comments:

MEMORY: ☒ No Memory Impairment ☐ Memory Impaired (☐ Remote ☐ Recent ☐ Immediate)

Comments:

SUICIDAL: ☒ No Suicidal Thoughts ☐ Suicidal Thoughts ☐ Recent Gesture ☐ Recent Attempt ☐ Actively Suicidal

Comments:

HOMICIDAL: ☒ No Homicidal Thoughts ☐ Homicidal Thoughts ☐ Threatening Behavior ☐ Actively Homicidal

Comments:

INSIGHT: ☐ Complete Denial of Illness ☐ Slight Awareness of Illness ☐ Aware - Refuses Treatment ☒ Aware - Accepts Treatment

Comments:

JUDGMENT: ☐ Adequate ☒ Mildly Impaired ☐ Severely Impaired

Comments:

CLINICAL FORMULATION: (Include patient identification and pertinent information, summary of Hx of psychiatric illness, summary of clinical Hx, summary of pertinent objective MSE findings, dynamic formulation, discussion of differential diagnosis, working diagnosis, outline of treatment plan.)

38 y/o AA man, single, unemployed va PA, > 20
 yrs in corrections, ~~who~~ complains of
 feeling depressed & poor sleep. Pt's
 wife died last week. Pt also complains
 of hearing ^{voice of his} ~~voice of his~~ death sister.
 Pt was drunk and cocaine/crack.
 Pt has asthma & collapse of lung.
 Pt has poor social support.

AXIS I: R10 S10D, alcohol & cocaine dependence
 R10 S1PD

AXIS II: Antisocial PD

AXIS III: Asthma, lung collapse

AXIS IV: Stressors ☐ None ☐ Mild ☒ Moderate ☒ Severe ☐ Extreme Death of his wife

AXIS V: GAF Past 60 GAF Present 60-70

PRELIMINARY TREATMENT PLAN

PROBLEMS IDENTIFIED	GOALS	SUGGESTED TREATMENT
depressed mood of 2 weeks duration	improve mood and bring back to normal	Pharmaceutical therapy

MEDICATION LIST

☐ None Prescribed

START DATE	MEDICATION	TARGET SYMPTOMS
12/2/06	Risperidone 300 mg po qhs	depression

PATIENT EDUCATION – SIDE EFFECTS

Patient education provided on side effects of proposed medication? ☐ NA ☒ Yes ☐ No (Reason, explain below)

LABS ORDERED

☒ None

LAB TYPE	DATE ORDERED

MODIFIED ABNORMAL INVOLUNTARY MOVEMENT SCALE

(Rate severity observed. Rate movement that occur on activation one LESS than those observed spontaneously)

☐ NA

CODES: 0 = None 1 = Minimum (may be extreme normal) 2 = Mild 3 = Moderate 4 = Severe

FACIAL/ORAL MOVEMENTS						EXTREMITY MOVEMENTS					
Muscles of facial expressions	0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Upper (arms, wrists, hands, fingers)	0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lips and perioral area	0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Lower (legs, knees, ankles, toes)	0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Jaw	0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	TRUNK MOVEMENTS					
Tongue	0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Neck, shoulders, hips	0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

GLOBAL JUDGEMENTS

	NO AWARENESS	AWARE NO DISTRESS	AWARE MILD DISTRESS	MODERATE DISTRESS	SEVERE DISTRESS
Severity of abnormal movements	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Incapacitation due to abnormal movements	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient's awareness of abnormal movements	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

DISPOSITION

☐ GENERAL POPULATION WITH NO FOLLOW-UP☒ GENERAL POPULATION WITH MENTAL HEALTH FOLLOW-UP

MENTAL OBSERVATION HOUSING

☐ Cell ☐ Dormitory ☐ Suicide Watch
☐ Mental Health Center ☐ Hospital
☐ Other: _____

Next Scheduled Visit: _____ 7 days

A.K.M. Quyyum, M.D. Psychiatrist	12/2/06 DATE	<i>[Signature]</i> Psy.D. RECEIVED BY UNIT CHIEF, CLINICAL SUPERVISOR OR SUPERVISING PSYCHIATRIST	12-3-06 DATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Thomas R. Frieden, M.D., M.P.H.
Commissioner

Michael R. Bloomberg
Mayor

nyc.gov/health



FIRST NAME: James
LAST NAME: Brown
DATE OF DISCHARGE: 6 MDC
DOB: 4-27-68

YOU HAVE BEEN REFERRED TO THE FOLLOWING:

PROGRAM NAME: Canarsie Aware

REFERRAL DATE: _____

TELEPHONE: (718) 257-3195

ADDRESS: 1285 Rockaway Ave, Brooklyn, NY

CONTACT PERSON: Intake

HOURS: 9 - 3 PM

I HAVE RECEIVED A COPY OF THE INFORMATION OF THE PROGRAM I AM BEING
REFERRED TO.

SIGNATURE OF THE CLIENT

DATE

2-6-07

PSYCHIATRIC INPATIENT TREATMENT Number of Hospitalizations in the last twelve (12) months: <u>2</u> Number of Hospitalizations in the last three (3) years: <u>2</u>		HOSPITAL NAME <u>Brookdale</u> <u>Long term care</u>		YEAR OF ADMISSION <u>pt unresponsive</u>		REASON(S) FOR ADMISSION <u>pt unresponsive</u>	
SUBSTANCE ABUSE (INCLUDING ALCOHOL) HISTORY Prior Diagnosis of Substance Dependency: <input type="checkbox"/> None <input type="checkbox"/> IVDA <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ Longest Period of Sobriety: _____ SUBSTANCE <u>cocaine</u> AGE OF ONSET <u>June '06</u> LAST USE <u>current use</u> AMOUNT USED PER DAY <u>2/30-200</u>							
SUBSTANCE ABUSE TREATMENT Impact of drugs and alcohol on patient (Physical/Mental/Social): <u>"made me relax"</u> FTOT <u>pt unresponsive</u> <u>"A lot"</u>							
Most Recent Treatment Provider: _____ Program Completed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Client's Assessment of Patient's Current Motivation to Change: <input type="checkbox"/> N/A <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input type="checkbox"/> NONE							
FAMILY HISTORY Describe Family - Origin: <u>H.A.</u> Mental Illness? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Describe) <u>sister</u> Marital Status and Children: <u>none</u> Community Support Contact: <u>pt returned</u> Name: _____ Address: _____ Phone: _____ Family Member <input type="checkbox"/> Significant Other <input type="checkbox"/> Lives with Patient <input type="checkbox"/> Other: _____							
CURRENT SOCIAL STRESSORS/FAMILY ISSUES History of Physical and/or Sexual Abuse: Was the patient physically abused? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was the patient sexually abused? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the patient physically abused children? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the patient sexually abused children? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
HOUSING (MOST RECENT RESIDENCE) <input type="checkbox"/> Precariously Housed <input type="checkbox"/> Stable Private Home <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease Holder? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Supportive Housing: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Related <input type="checkbox"/> Medical <input type="checkbox"/> Hospital/Inpatient							
EMPLOYMENT AND EDUCATION HISTORY Unemployed <input type="checkbox"/> Employed (Describe) <u>pt unresponsive</u> Last Grade of School Completed? <u>pt unresponsive</u> Special Education Services <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
ENTITLEMENTS <input type="checkbox"/> Psychiatric Disability <input type="checkbox"/> Medical Disability Are you receiving any entitlements? <input type="checkbox"/> NONE <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> VA <input type="checkbox"/> PA <input type="checkbox"/> FS <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER: _____ Has the patient suffered serious symptoms or any serious impairment in social, occupational or school functioning due to mental illness on a continuous or intermittent basis in the last twelve (12) months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

RISK ASSESSMENTHistory of Self-Injury? ☐ NO ☒ YES (Describe Below and Consider Referral to Psychiatry)

DATE	METHOD	PARTICIPANT	COMMENTS:
2003	Hanging	STRESS	Referral to Psychiatrist? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Referral to Hospital? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO not currently ⊕ SI/HI

CLINICAL FORMULATION: (Include interpersonal relationships, strengths, weakness, patterns of coping, substance abuse, impressions as to validity of symptoms/information, diagnosis.)

pt 38 y/o AA male who has been refusing MH services since 12/00. Pt was transferred to MHAUI to serve BDK time and has been largely uncooperative w/ MH clinician. Pt was a poor informant and presented w/ rapid/loud speech, hyperactivity and rambling/tangential thoughts.

Pt originally came to MH services due to death in family/Depression.

At time of interview pt was Euthymic, future oriented and ⊖ SI/HI.

Pt to be discussed w/ MH Clinical Supervisor.

*AS per PA 12/2/00

AXIS I: KID SIMV, ETOH + Cocaine Dependence
KID SIPP

AXIS II: ASPD

AXIS III: Asthma, collapsed lung

AXIS IV: Stressors ☐ None ☐ Mild ☒ Moderate ☐ Severe ☐ Extreme

AXIS V: GAF Past (00-70) GAF Present (00-70)

Christina Minervini, MA
Mental Health Clinician

CLINICIAN PRINT AND SIGN

DATE

RECEIVED BY UNIT CHIEF, CLINICAL SUPERVISOR OR SUPERVISING PSYCHIATRIST

DATE

David Jurich, PhD
Clinical Supervisor

Discharge Plan

Date of Preliminary Appointment: _____

Name of the Preliminary Appointment Agency _____

Preliminary Appointment Agency Contact Person Name _____

Preliminary Appointment Agency Telephone Number _____

Refused: ☐ NO ☐ YES (See Declination Form) ☒ N/A

☐ Accepted LINK Referral (SPMI Only): ☐ NO ☐ YES

☐ LINK Referral Date: _____

Borough LINK Program: _____

Borough LINK Agency Contact Person Name: _____

Borough LINK Agency Telephone Number _____

Refused: ☐ NO ☐ YES (See Declination Form) ☒ N/A

Homelessness Status (check the reasons for the referral):

- ☐ Living on the street or some other space not meant for human habitation (car, etc)
- ☐ Living with others without a lease (family or friends)
- ☐ Living in SRO
- ☐ Living in a shelter (emergency, transitional or drop-in center) continuously for 4 months or used shelter 14 days non continuously within the last 60 days
- ☐ Living in an institutional/correctional facility without a permanent address
- ☐ Was homeless in the past but is now housed and in danger or being evicted
- ☐ Now housed but in danger of being evicted
- ☐ Homeless for a year or more
- ☐ Homeless more than once within the past several years

**NEW YORK CITY DEPARTMENT
OF HEALTH AND MENTAL HYGIENE
PROGRESS NOTE**

**Brown James
349-06-20801**

**EVERY ENTRY MUST BE DATED AND SIGNED
CHART NOT AVAILABLE**

DATE	OBSERVATIONS
2/6/07	Discharge Planner Note
GMDC	SW met with client via transfer list to offer discharge-planning services. SW explained services to client in details. Client accepted a mental health referral. Client signed the following releases: Mental Health community placement, Authorization for release of mental health information and to contact criminal defense attorney, Facility brochure, and Declination for HRW 2000, if SPMI. Client was given referral to Canarsie Aware located at 1285 Rockaway Ave, Brooklyn. Client was given discharge planning booklet and referral.
	Citrix database updated-----
	Drucilla NeSmith-Barker, MSW
	Discharge Planner

Reminders: Fully Complete the Problem List

100-108-1000

DATE	OBSERVATIONS
2/18/07	<p>Carver met client and explained all the services they offered. Both client and client's mother were very cooperative with the program. Data was entered in chart.</p>
2/19/07	<p>Client's medication was monitored. S. Bailey Carver</p>

EVERY ENTRY MUST BE DATED AND SIGNED

PROGRESS NOTE

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Brown, James
349-06-20801

DOHMH Database Update Sheet	
Caseworker's Name: <u>Baker</u>	
Circle DOC Facility 1. AMKC 2. ARDC 3. BKHDM 4. GMDC 5. GRVC 6. MDC 7. NIC 8. OBCC 9. QnHD 10. RMSC 11. WF 12. EMT 13. EHPW 14. KCPW 15. VCBC	
Client's Name: First: <u>Soma</u> MI: <u>Brown</u> Last: <u>Brown</u>	
AKA: First: _____ MI: _____ Last: _____	
Book & Case # <u>34906-20801</u>	NYSID# <u>5513442</u>
Date of Birth: <u>4/27/65</u>	Gender: <u>Male / Female</u>
Social Security #: <u>058/60/5818</u>	
Race: (Circle all that apply) 1. Black/African American 2. White/Caucasian 3. Asian/Pacific Islander 4. Native American 5. Other 6. Unknown	
Race Other: _____	
Primary Language: <input checked="" type="checkbox"/> 1. English <input type="checkbox"/> 2. Spanish <input type="checkbox"/> 3. Chinese <input type="checkbox"/> 4. Other	
If Client Has an Address, Please List Below: If client is homeless please indicate Street Address: <u>7B E 108th</u> Apt # <u>1C</u> City: <u>QNH</u> State: _____ Zip: <u>11236</u> Date Known to Live Here? _____ (month, day, year format)	
If Client has a phone number where he/she can be reached after discharge: (List below) Phone: <u>646-732-5021 (Robinson)</u> Phone: _____ Phone: _____	

THE CITY OF NEW YORK
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Thomas R. Frieden, M.D., M.P.H.
 Commissioner

nyc.gov/health

Michael R. Bloomberg
 Mayor





THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CONSENT FOR RELEASE OF INFORMATION

Includes Confidential HIV Related Information

PATIENT NAME

James Braun
Street, Apt. 713 E 108th St Date of Birth 4 / 27 / 68
City, State, Zip Bklyn 11236 Tele. No. 646-732-5021

1. I hereby authorize _____ to release information from my
(Name of Facility)
medical record to _____
(Name) (Address)

for purpose of MENTAL HEALTH COMMUNITY PLACEMENT

2. The specific information requested is (check one)

- ☐ Confined to records regarding admission and treatment for the following medical condition or injury
_____ on or about (Date) _____
- ☐ Covering records from (Date) _____ to (Date) _____
- ☒ Confined to the following specific information: Problem list with PPD results, Intake Physical and History, Psychosocial Evaluation, Psychiatric Assessment, Recent Medication Information, Mental Health Progress notes, DSN, Entitlement Applications and Responses, Chest X-Ray results if applicable

☐ Entire Record

3. If the requested portion of the record contains information pertaining to drug or alcohol treatment or contains HIV related information, you must specially consent to the release of such information by initiating one or both of the following

- ☐ I understand that if my records contain information concerning drug or alcohol treatment, such information will be released pursuant to this consent form
- ☐ I understand that if my records contain confidential HIV related information, such information will be released pursuant to this consent form. Confidential HIV related information is any information indicating that a person was administered an HIV test or has HIV infection, HIV related illness or AIDS, or is any information which could indicate that a person has been potentially exposed to HIV

4. I understand that this consent will expire when acted upon or 90 days from date, whichever occurs first. I know I do not have to allow release of HIV related information and that I can change my mind at any time before it is released. If I experience discrimination because of release of HIV confidential information, I can call the NYS Division of Human Rights at (212) 870-8624 and the NYC Commission on Human Rights at (212) 566-5493

James Braun
(Signature of Patient or Representative)
Self
(Relationship to Patient)

2-6-07
(Date)

(Address)

☒ PATIENT MUST CONSENT TO THE RELEASE OF THE ENTIRE CONTENTS OF A RECORD CONTAINING HIV RELATED INFORMATION

THIS CONSENT FORM WAS APPROVED BY THE STATE DEPARTMENT OF HEALTH (7/89)

THE CITY OF NEW YORK
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Thomas R. Frieden, M.D., M.P.H.
 Commissioner

Michael R. Bloomberg
 Mayor

nyc.gov/health



**AUTHORIZATION FOR RELEASE OF MENTAL HEALTH INFORMATION
 AND TO CONTACT CRIMINAL DEFENSE ATTORNEY**

- I UNDERSTAND THAT IN ORDER FOR NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE AND/OR ITS CONTRACTOR TO DETERMINE THE APPROPRIATE MENTAL HEALTH SERVICES I AM TO RECEIVE DURING INCARCERATION, IT MAY BE NECESSARY FOR NYCDOHMH DISCHARGE PLANNERS AND/OR ITS CONTRACTOR TO CONTACT MY CRIMINAL DEFENSE ATTORNEY TO ASCERTAIN MY ANTICIPATED DATE OF RELEASE FROM JAIL.
- I ALSO UNDERSTAND THAT IT MAY BE NECESSARY FOR PERSONNEL FROM THE SERVICE PLANNING ASSISTANCE NETWORK ("SPAN") AND/OR LINK TO CONTACT MY CRIMINAL DEFENSE ATTORNEY IN ORDER TO FACILITATE MY RECEIPT OF MENTAL HEALTH DISCHARGE PLANNING SERVICES FROM SPAN AND/OR LINK AFTER MY RELEASE FROM JAIL.
- I ALSO UNDERSTAND THAT AS A RESULT OF SUCH CONTACTS, MY MENTAL HEALTH CONDITION WILL LIKELY BE DISCLOSED TO MY CRIMINAL DEFENSE ATTORNEY.

- PERMISSION TO CONTACT CRIMINAL DEFENSE ATTORNEY AND TO DISCLOSE MENTAL CONDITION: I HEREBY GIVE PERMISSION FOR DOHMH DISCHARGE PLANNERS, ITS CONTRACTOR, SPAN AND LINK TO CONTACT MY CRIMINAL DEFENSE ATTORNEY AND DISCLOSE MY MENTAL HEALTH CONDITION AND SUCH OTHER INFORMATION AS MAY BE NECESSARY TO ALLOW MY CRIMINAL DEFENSE ATTORNEY TO ASSIST CHS AND/OR ITS CONTRACTOR IN ASCERTAINING MY ANTICIPATED DATE OF RELEASE FROM JAIL, AND TO ASSIST SPAN AND/OR LINK IN PROVIDING ME WITH MENTAL HEALTH DISCHARGE PLANNING SERVICES AFTER MY RELEASE FROM JAIL.
- RIGHT TO REVOKE: I UNDERSTAND THAT I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME BY SENDING A WRITTEN NOTICE TO CORRECTIONAL HEALTH SERVICES, ATTENTION: DIRECTOR OF DISCHARGE PLANNING. I UNDERSTAND THAT ANY USE OR DISCLOSURE OF MY MENTAL HEALTH INFORMATION MADE BEFORE I REVOKE THIS FORM WILL NOT BE AFFECTED BY MY REVOCATION.
- I UNDERSTAND THAT IF I DO NOT SIGN THIS FORM, IT WILL NOT AFFECT MY ABILITY TO RECEIVE MEDICAL OR MENTAL HEALTH TREATMENT OR BENEFITS (IF I AM IN FACT ENTITLED TO ANY SUCH BENEFITS).

- RE-DISCLOSURE: I UNDERSTAND THAT AFTER MY MENTAL HEALTH INFORMATION IS DISCLOSED TO THE PERSONS LISTED IN PARAGRAPH 4 ABOVE, THE RECIPIENTS MIGHT RE-DISCLOSE IT, AND FEDERAL PRIVACY LAWS MIGHT NOT PROTECT THIS INFORMATION AFTER IT IS DISCLOSED.
- I UNDERSTAND THAT A PHOTO COPY OF THIS FORM IS VALID AS THE ORIGINAL, AND THAT I WILL RECEIVE A PHOTO COPY OF THIS AUTHORIZATION.
- EXPIRATION: I UNDERSTAND THAT THIS AUTHORIZATION WILL EXPIRE SIXTY (60) DAYS AFTER MY RELEASE FROM INCARCERATION IN A NEW YORK CITY JAIL.

INMATE'S NAME: James Brown DATE: 2-6-07
 INMATE'S SIGNATURE: [Signature] BOOK & CASE#: 349-06-20801
 DISCHARGE PLANNER'S NAME: John Smith
 DISCHARGE PLANNER'S SIGNATURE: [Signature]
 TO DISCHARGE PLANNER

IF THE INMATE HAS SIGNED THE CONSENT ABOVE, PLEASE COMPLETE THE FOLLOWING BASED ON INFORMATION PROVIDED BY INMATE:
 Name of inmate's attorney: Bugst Bork
 Attorney's phone number: Unknown
 Attorney's Affiliation (i.e., Legal Aid Society, 181B Attorney, Firm Name): _____



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

FACILITY BROCHURE

Client First Name James NYSID 55136442 Facility GMD C
 Client Last Name Brown Book and Case # 399-06-20801
 Discharge Planner D. NeSmith Baker

1. I have received a copy of the SPAN Brochure.
2. The services SPAN can help me with have been explained to me.
3. I understand how to use SPAN when I go back to the community.
4. I know where the SPAN office is (in the borough I am most likely to use it).

5. I have received a copy of the Discharge Planning Rights Brochure.
6. The Discharge Planning Rights Brochure has been explained to me.
7. I understand how to use my Discharge Planning Rights.

8. I have received a copy of the Services in the Community Brochure.
9. The Services in the Community Brochure has been explained to me.
10. I understand the Services in the Community Brochure.

By signing this paper I acknowledge that I have received the information listed above.

X Client's Name (Print) James Brown Date 2-6-07
 X Client's Signature James Brown Date 2-6-07

By signing this paper I acknowledge that I have explained the above mentioned to the client.

Discharge Planner's Name (Print) D. NeSmith Baker Date 2-6-07
 Discharge Planner's Signature D. NeSmith Baker Date 2-6-07



THE CITY OF NEW YORK
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Michael R. Bloomberg
 Mayor
 Thomas R. Frieden, M.D., M.P.H.
 Commissioner
 nyc.gov/health

DECLINATION OF DISCHARGE PLANNING

NAME: James Brown
 NYSID #: 05136992
 B/C #: 349-06-2080
 FACILITY: G MDC
 DATE: 2-6-07

This form serves to demonstrate that while I have been offered discharge planning services, I choose not to participate at this time. I am aware that I may seek assistance for discharge planning at any future point by notifying a member of the Mental Health Department.

I choose not to participate in the following:

- ☒ All Discharge Planning Services
- ☒ HRA Prescreening
- ☒ Medicaid Application
- ☒ Public Assistance Program, if SPMI
- ☒ HRA 2000, if SPMI
- ☒ Transportation, if SPMI or likely SPMI
- ☒ Boro LINK Placement, if SPMI
- ☒ Disclosure of protected Medical information to BRAD H Monitors
- ☒ Department of Homeless Services referral
- ☒ Veterans referral
- ☒ Medication upon release
- ☒ Medication Grant Program Participation
- ☒ Community Mental Health Placement
- ☒ SPAN Brochure
- ☒ Discharge Planning Rights Brochure

PATIENT'S SIGNATURE: [Signature] DATE: 2-06-07
 STAFF'S PRINTED NAME: James Brown
 STAFF'S SIGNATURE: [Signature] DATE: 2-6-07

The above named patient has indicated his/her choice to decline all or some discharge planning services, and he/she has elected not to sign this document.

Staff's signature: _____

Date: _____

Witness: _____

Date: _____

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Correctional Health Services

Authorization for Use of Disclosure of Health Information Including
Confidential Information

[Brad H]

Patient Name: James Brown

Date of Birth: 4-27-68

Book and Case: 349-06-20801 NYSID Number: 551364R

Date(s) of Incarceration: _____ Facility/Facilities CMDC

Purpose of this consent form. A judge of the Supreme Court of the State of New York, in a court ordered Settlement Agreement in the case of Brad H v. The City of New York (New York County, Index No.: 117882/99), has ordered the New York City Department of Health and Mental Hygiene Correctional Health Services ("CHS") to provide Court-appointed compliance monitors ("monitors") with copies of your CHS medical, mental health and discharge planning records, without a consent from you. However, the Court ordered that CHS may not show the monitors any of your HIV-related information without your specific consent. The Court also ordered that the monitors may not make copies of any records containing alcohol and substance abuse related information without your specific consent. You may consent to disclosure of HIV information and copying of alcohol/substance abuse information by initialing one or both of the following paragraphs.

1. HIV information. I hereby authorize the New York City Department of Health and Mental Hygiene CHS to disclose any confidential HIV-related information which may exist in my medical or mental health records to the Court-appointed monitors and their employees for the purpose of monitoring compliance with terms of the Settlement Agreement in the case of Brad H v. City of New York.

✓ J.B.
initial I understand that if my records contain confidential HIV related information (defined as any information indicating that a person was administered an HIV test or has HIV infection, HIV related illness or AIDS, or is any information which could indicate a person has been potentially exposed to HIV), such information will be disclosed to the Court-appointed monitors if I initial this paragraph.

If you do not initial this paragraph, your medical and mental health records can still be released, but confidential HIV related information will be removed from the copy of the records released.



FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

BEHAVIORAL CHECKLIST

Other: (explain)

PLEASE Write

Supervisor's Name	Shield Number:	Date:
Capt. [Signature]	204	11/15/16



CORRECTION DEPARTMENT CITY OF NEW YORK



REFERRAL OF INMATES TO MENTAL HEALTH SERVICES

 Side
1 of 2

 FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name:

Book and Case Number:

Location:

Date:

Brown, James

349-06-20801

Ch 13 Cell 2

12/02/06

Name/Shield Number of Reporting Officer:

Name/Shield Number of Supervisor Notified:

Hovan, L # 17079

BEHAVIORAL CHECKLIST

Listed below are some of the behavioral traits that may indicate a need for Mental Health referral. (Circle the appropriate item[s]).

1. Showing radical changes in behavior;
2. Expressing a desire to commit suicide and/or attempting suicide;
3. Planning to inflict bodily harm, attempting or actually carrying out the act. (This may be expressed verbally or through written communication);
4. Unable to sleep, particularly at night, awakening at odd hours of the early morning and brooding;
5. Arranging personal belongings in order, after habitual disorder;
6. Any signs indicating a trip is being planned e.g., packing personal belongings, discussing travel arrangements etc., when such a trip is not feasible;
7. Giving away valued possessions, e.g., wearing apparel, books, pictures, cigarettes, commissary, etc.;
8. Continually refusing to lock-out during lock-out periods;
9. Hiding or attempting to hide, from view of the correction officer/observation aide;
10. Appearing to be talking to someone when, in fact, no one is present;
11. Frequent displays of shouting, crying and/or screaming;
12. Attempting to inflict self injury by banging parts of the body against the walls or fixtures;
13. Complaining of ailments(s), illness(es) and/or disease(s) that are nonexistent;
14. Expressing a belief that there are plots or plans against personal safety; believing that someone or everyone is watching, talking, spying or acting suspiciously;
- ☒ 15. Having hallucinations/delusions (seeing objects or hearing voices that do not exist);
16. Unusual loss of memory;
17. Showing poor personal hygiene or appearance, doesn't shave, wash or change clothes, etc.;
18. Exhibiting strong feelings of guilt;
19. Being depressed;
20. Constantly fighting and arguing with other inmates;
21. Being alarmed (frightened) or in a state of panic;
22. Any unusual action or behavior that should be brought to the attention of the Mental Health Staff.

Other: (explain)

Recent death within the family

SUPERVISING OFFICER'S ASSESSMENT AND RECOMMENDATION

Supervisor's Name

Shield Number:

Date:

12-2-06

NYC HEALTH AND HOSPITALS CORPORATION
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

BROWN, JAMES
349062080/
40EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS				
12/07/06	Psychiatry – Medication Reevaluation				
	Subjective: <i>No chg.</i>				
	Objective: (Include significant new symptoms since last exam)				
	<i>No new symptoms</i>				
	General Appearance: <i>good dressed + groomed</i>				
	Mood: <i>Euphoric</i> Affect: <i>S flat, good + full range</i>				
	Thought Process: <i>Logical, clear + good detail</i>				
	Perceptions: <i>no hallucinations</i>				
	Insight: <i>fair</i> Judgment: <i>fair</i> Impulse control: <i>fair</i>				
	Other:				
	Assessment: <i>S flat</i>				
	Adverse medication effects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:				
	Response to medications: <i>S flat</i>				
	Diagnosis: Axis I: <i>SMD; del + crim dep</i>				
	Axis II: <i>ASPD</i>				
	Axis III: <i>B.A.</i>				
	Plan: (Complete each column below for all meds whether new, discontinued or continued)				
	Medications prescribed	Dose	Frequency	Target Symptoms	% Compliance
	1 <i>OLC Rem</i>	<i>30r</i>	<i>PO QHS</i>	<i>Dep</i>	
	2				
	3				
	4				
	Please give reasons for any medication changes: <i>Pt. reports to OLC Remin has a sleeping well.</i>				
	Clinic Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Weeks <i>+</i> Days				
	PATIENT EDUCATION: DISCUSSED WITH PATIENT FOLLOW UP CARE, MEDICATION COMPLIANCE, AND SIDE EFFECTS: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	Signed: <i>[Signature]</i>				

Reminder: Fully Complete the Problem List

(P. Formica, MD)
Pg 1 of 1

MEDICATION ORDER SHEET

POINT PEN AND PRESS FIRMLY

[illegible]

Write medication orders beginning from bottom of page. Chart Copy-White, Pharmacy Copy-Yellow									
DATE		TIME		PRESCRIBER SIGNATURE		STAMP		RPH	
INDICATION									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
NURSE		DATE/TIME							
INDICATION									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
NURSE		DATE/TIME							
INDICATION									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
NURSE		DATE/TIME							
PATIENT LAST NAME		FIRST NAME		BOOK & CASE NUMBER		HOUSING AREA		ALLERGIES	
DATE		TIME		PRESCRIBER SIGNATURE		STAMP		RPH	
INDICATION									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
NURSE		DATE/TIME							
INDICATION									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
NURSE		DATE/TIME							
PATIENT LAST NAME		FIRST NAME		BOOK & CASE NUMBER		HOUSING AREA		ALLERGIES	
DATE		TIME		PRESCRIBER SIGNATURE		STAMP		RPH	
INDICATION									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
NURSE		DATE/TIME							
INDICATION									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
NURSE		DATE/TIME							
PATIENT LAST NAME		FIRST NAME		BOOK & CASE NUMBER		HOUSING AREA		ALLERGIES	

USE BALL POINT PEN AND PRESS FIRMLY

MEDICATION ORDER SHEET

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM B

Report ID: IRC00100

Pharmacy Order

5/30/2007

12:44:05 PM

Sorted by: Start Date

Name: **Brown, James**

Book & Case: **349-06-20801**

NYSID: **5513644R**

DOB: **4/27/1968**

Site/Housing: **GRVC/1A**

Drug: **Motrin**

Dosage: **400MG**

Form: **Tab**

SIG: **1 tab po bid pc**

Reason: **Other - Headache**

Start: **5/30/2007**

Duration: **4 days**

Written by: **Roberto Deguzman, Physician**

Approved by: **Roberto Deguzman, Physician**

Pharm: _____

Allergies: **NKA**

DC:

Report ID: IRC00100

Pharmacy Order

5/22/2007

2:41:20 PM

Sorted by: Start Date

Name: **Brown, James**

Book & Case: **349-06-20801**

NYSID: **5513644R**

DOB: **4/27/1968**

Site/Housing: **GRVC/1A**

Drug: **Motrin**

Dosage: **400MG**

Form: **Tab**

SIG: **2 tabs po bid**

Reason: **Other - tension headache** Start: **5/22/2007**

Duration: **3 days**

Written by: **Thomas Schwaner, PA - Physician Assistant**

Approved by:

Pharm: _____

Allergies: **NKA**

Dr. Rhonald Hyndman, MD

DC:

1-17

Report ID: IRC00100

Pharmacy Order

5/17/2007

Sorted by: Start Date

1:23:18 PM

Name: **Brown, James**

Book & Case: **349-06-20801**

NYSID: **5513644R**

DOB: **4/27/1968**

Site/Housing: **GRVC/1A**

Drug: **Tylenol**

Dosage: **325MG**

Form: **Tab**

SIG: **2 tabs po bid or prn**

Reason: **Other - headache**

Start: **5/17/2007**

Duration: **3 days**

Written by: **Edzer Rocha PA - Physician Assistant**

Approved by:

Pharm: _____

Allergies: **NKA**

 **DC:**

Report ID: IRC00100

Pharmacy Order

4/23/2007

Sorted by: Start Date

3:29:53 PM

Name: **Brown, James** Book & Case: **349-06-20801** NYSID: **5513644R**
 DOB: **4/27/1968** Site/Housing: **GRVC/8A**
 Drug: **Peridex** Dosage: **0.12%**
 Form: **Solution** SIG: **10 cc po mouth wash bid**
 Reason: **Other - Dental hygiene** Start: **4/23/2007** Duration: **7 days**
 Written by: **Roberto Deguzman, Physician**
 Approved by: **Roberto Deguzman, Physician** Pharm: _____
 Allergies: **NKA**

DC:

Name: **Brown, James** Book & Case: **349-06-20801** NYSID: **5513644R**
 DOB: **4/27/1968** Site/Housing: **GRVC/8A**
 Drug: **Nexium** Dosage: **40MG**
 Form: **Capsule** SIG: **1 cap po od**
 Reason: **Other - Dyspepdia** Start: **4/23/2007** Duration: **14 days**
 Written by: **Roberto Deguzman, Physician**
 Approved by: **Roberto Deguzman, Physician** Pharm: _____
 Allergies: **NKA**

DC:

Name: **Brown, James** Book & Case: **349-06-20801** NYSID: **5513644R**
 DOB: **4/27/1968** Site/Housing: **GRVC/8A**
 Drug: **Motrin** Dosage: **400MG**
 Form: **Tab** SIG: **1 tab po bid pc prn**
 Reason: **Other - headache** Start: **4/23/2007** Duration: **3 days**
 Written by: **Roberto Deguzman, Physician**
 Approved by: **Roberto Deguzman, Physician** Pharm: _____
 Allergies: **NKA**

DC:

Report ID: IRC00100

Pharmacy Order

3/23/2007

Sorted by: Start Date

8:01:40 AM

Name: **Brown, James**Book & Case: **349-06-20801**NYSID: **5513644R**DOB: **4/27/1968**Site/Housing: **GMDC/6UA**Drug: **Motrin**Dosage: **400MG**Form: **Tab**SIG: **1 tab/BID**Reason: **Other - pain**Start: **3/23/2007**Duration: **4 days**Written by: **Lynn Devivo, PA - Physician Assistant**

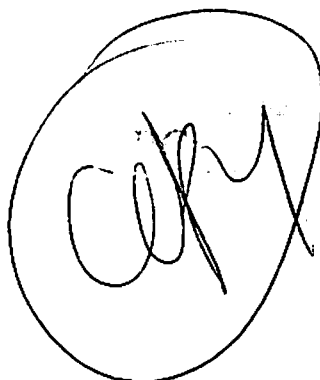
Approved by:

Pharm: _____

Allergies: **NKA****DC:**Name: **Brown, James**Book & Case: **349-06-20801**NYSID: **5513644R**DOB: **4/27/1968**Site/Housing: **GMDC/6UA**Drug: **Peridex**Dosage: **0.12%**Form: **Solution**SIG: **QS/rinses/BID**Reason: **Other - Dental**Start: **3/23/2007**Duration: **14 days**Written by: **Lynn Devivo, PA - Physician Assistant**

Approved by:

Pharm: _____

Allergies: **NKA****DC:**

Report ID: IRC00100

Pharmacy Order

5/15/2007

Sorted by: Start Date

1:04:26 PM

Name: **Brown, James** Book & Case: **349-06-20801** NYSID: **5513644R**
DOB: **4/27/1968** Site/Housing: **GRVC/1A**
Drug: **Nexium** Dosage: **40MG**
Form: **Capsule** SIG: **1 cap po qd**
Reason: **Other - dyspepsia** Start: **5/15/2007** Duration: **14 days**
Written by: **Edzer Roche, PA - Physician Assistant**
Approved by: Pharm: _____
Allergies: **NKA**

DC:

Name: **Brown, James** Book & Case: **349-06-20801** NYSID: **5513644R**
DOB: **4/27/1968** Site/Housing: **GRVC/1A**
Drug: **Tylenol** Dosage: **325MG**
Form: **Tab** SIG: **2 tabs po bid or prn**
Reason: **Other - headache** Start: **5/15/2007** Duration: **3 days**
Written by: **Edzer Roche, PA - Physician Assistant**
Approved by: Pharm: _____
Allergies: **NKA**

DC:

Report ID: IRC00100

Pharmacy Order

2/2/2007

Sorted by: Start Date

2:13:47 PM

Name: **Brown, James**
DOB: **4/27/1968**
Drug: **Tramadol HCl**
Form: **Tab**
Reason: **Other - TOOTHACHE**
Written by: **Yves Gauvin, Physician**
Approved by:
Allergies: **NKA**

Book & Case: **349-06-20801**
Site/Housing: **AMKC/QUAD-L9**
SIG: **BID**
Start: **2/2/2007**

NYSID: **5513644R**Dosage: **50MG**Duration: **4 days**

Pharm: _____

DC:

Name: **Brown, James**
DOB: **4/27/1968**
Drug: **Imodium**
Form: **Cap**
Reason: **Other - DIARRHEA**
Written by: **Yves Gauvin, Physician**
Approved by:
Allergies: **NKA**

Book & Case: **349-06-20801**
Site/Housing: **AMKC/QUAD-L9**
SIG: **BID PRN**
Start: **2/2/2007**

NYSID: **5513644R**Dosage: **2MG**Duration: **3 days**

Pharm: _____

*Copy***DC:**

Report ID: IRC00100

Pharmacy Order1/31/2007
10:14:19 AM

Sorted by: Start Date

Name: **Brown, James**Book & Case: **349-06-20801**NYSID: **5513644R**DOB: **4/27/1968**Site/Housing: **AMKC/QUAD-L9**Drug: **Pen-Vee K**Dosage: **500MG**Form: **Tab**SIG: **1 tab po qid**Reason: **Other - toothache**Start: **1/31/2007**Duration: **10 days**Written by: **Guy Kelly, PA - Physician Assistant**

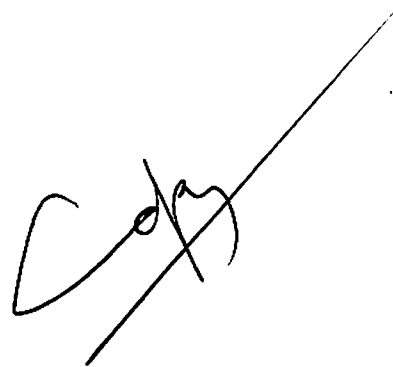
Approved by:

Pharm: _____

Allergies: **NKA****DC:**Name: **Brown, James**Book & Case: **349-06-20801**NYSID: **5513644R**DOB: **4/27/1968**Site/Housing: **AMKC/QUAD-L9**Drug: **Motrin**Dosage: **400MG**Form: **Tab**SIG: **1 tab po bid**Reason: **Other - toothache**Start: **1/31/2007**Duration: **4 days**Written by: **Guy Kelly, PA - Physician Assistant**

Approved by:

Pharm: _____

Allergies: **NKA****DC:**A handwritten signature, possibly reading 'C. Kelly', is written in black ink. It is positioned diagonally across the lower right portion of the page, below the 'DC:' section header.

141 0610895



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PHYSICIAN ORDER FORM

PATIENT'S LAST NAME Brown		FIRST NAME James		NYSID NUMBER 5513644R	
BOOK & CASE NUMBER 349-06-20801		FACILITY AMKC		ADMISSION DATE 11/21/2006	
DATE ORDERED	ORDERED BY (PRINT NAME)	ORDER	DATE PERFORMED	PERFORMED BY (PRINT NAME)	
		RRPR SEROLOGY	11/22	Prudsen	
		PPD IMPLANTATION	11/22	Prudsen	
		HIV RAPID TESTING AND CONFIRMATORY WESTERN BLOT, IF PRELIM POSITIVE			
		URINE DIPSTICK			
		URINE LIGASE TEST FOR GC AND CHLAMYDIA MALES < 35			
		<input type="checkbox"/> GLUCOSE FINGER STICK <input type="checkbox"/> HGB A1C			
		<input type="checkbox"/> CHEM 7 PROFILE <input type="checkbox"/> CHEM 20 PROFILE			
		<input type="checkbox"/> LIVER PROFILE <input type="checkbox"/> HEP ABC PROFILE			
		<input type="checkbox"/> CBC <input type="checkbox"/> CD4 / CD8			
		ECG			
		PEAK FLOW			
		URINE DRUG SCREEN	11/22	Prudsen	
		PRENATAL PANEL			
		PNEUMOCOCCAL VACCINE <input type="checkbox"/> INDICATED <input type="checkbox"/> NOT INDICATED			
		INFLUENZA VACCINE <input type="checkbox"/> INDICATED <input type="checkbox"/> NOT INDICATED			
		OTHER [SPECIFY]			

5/26

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Brown James DOB _____
 FROM 349 062 0801 GRVC
 Correctional institution Inmate no.
 Referred to Optometrist Ward / Clinic
 Hospital WF / Clinic no.



Trevor Napier, MD

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Patient requesting
eye glasses. please
enclose

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date 4/28/07 Referring Physician James Blumens Phone 712 Approved _____

Consultation, findings and recommendations:

4/28/07 Ref 349 062 0801 GRVC
Optometrist WF
Enclose
4/28/07 Physician James Blumens 712
Accommodation
unimpaired

CONSULTATION REQUESTNEW YORK CITY HEALTH AND HOSPITALS CORPORATION
CORRECTIONAL HEALTH SERVICES

Patient's Name <u>Brown James</u>		DOB <u>04/27/68</u>
FROM <u>CW 4</u>	Inmate no. <u>349 0620801</u>	
Correctional institution <u>W 3</u>	Ward / Clinic <u>W 3</u>	
Referred to <u>Optometry</u>	Hospital <u>W 3</u> / Clinic no. <u>W 3</u>	

Leave blank for hospital use



Trevor Napier, MD

Chief complaint or findings:

requesting reading glasses.

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings, including lab values and x-ray findings:

please Evaluate

Request:Date 05/17/07 Referring physician [Signature] Phone [Signature] Approved [Signature]

Consultation, findings and recommendations:

Date _____ Physician _____

ON - ISLAND SPECIALTY CLINIC**(A) PATIENT INFORMATION:**

Last Name: Brown First Name: James B&C #: 3490620801
 Date: of Appointment: 5/24/08 Facility: BRU

(B) SPECIALTY CLINIC:

☐ Audiology ☐ GI ☒ Optometry ☐ Oral Surgery
☐ Cardiology ☐ Hand ☐ Orthopedic ☐ Surgery
☐ Dermatology ☐ Neurology ☐ PT ☐ Mammo / Sonography
☐ ENT ☐ Ophthalmology ☐ Podiatry ☐ OB / GYN

(C) PROVIDER INFORMATION:

- ☒ Seen (no follow-up appt needed)
☐ Seen need follow-up appt)
☐ No show (need new appt)
☐ 2ND No show (Refer Consult to SMD for re-evaluation)

Medication order(s) written: ☐ Yes ☒ No ☐ N/A
 Problem list in RIIS updated: ☒ Yes ☐ No ☐ N/A
 F/u appt. updated in RIIS: ☐ Yes ☒ No ☐ N/A
 Specialty Recommendation(s): ☐ Yes ☒ No ☐ N/A

Follow-up Appt. within

☐ 2 weeks ☐ 8 weeks
☐ 4 weeks ☐ 12 weeks
☐ 6 weeks ☐ Other: _____

Special Recommendations(s): (List each treatment i.e. dressing change, lab tests, x-rays needed, referral to another on/off-island clinic, equipment, etc.)

1. James White 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

Signature

Austin White
Optometrist
 Provider Stamp

Date

(D) FOR SCHEDULING DEPARTMENT USE ONLY:

New appointment date: _____ ☐ 2ND No show (Refer Consult to SMD for re-evaluation)
 Scheduler / Coordinator Name: _____ Date: _____

WHITE COPY TO FACILITY MEDICAL RECORDS DEPARTMENT FOR FILING
 YELLOW COPY TO UM DEPARTMENT

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____
Correctional institution Inmate no.

Referred to _____ Ward / Clinic

Hospital _____ / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Brown James DOB 4/27/68
 FROM ORAL 1349 2020
 Correctional institution Inmate no.
 Referred to ORAL SURGE Ward / Clinic
 Hospital / Clinic no.

Chief complaint or findings:

Pt / inmate previously referred
 by Dr. [unclear] but pt did not
 present on 5/2/07

Diagnosis, treatment and medications by C.H.S.:
Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:
Request:

2nd op. re: [unclear] / [unclear]

Date 5/2/07 Referring Physician [Signature] Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

Reminder: Fully Complete the Problem List

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Brown, Samuel DOB 4/27/53FROM Corrections 1947 06 - 0801
Correctional institution Inmate no.Referred to Appl. Medicine Ward / Clinic

Hospital / Clinic no.

Chief complaint or findings:Pl / inmate w/ blurry vision
no h. DM, HTN**Diagnosis, treatment and medications by C.H.S.:**Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:Please evaluate

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

ON - ISLAND SPECIALTY CLINIC**(A) PATIENT INFORMATION:**

GRVC
 Last Name: Brown First Name: James B&C #: 3490620801
 Date of Appointment: 3/24/07 Facility: C73

(B) SPECIALTY CLINIC:

- ☐ Audiology ☐ GI ☐ Optometry ☒ Oral Surgery
☐ Cardiology ☐ Hand ☐ Orthopedic ☐ Surgery
☐ Dermatology ☐ Neurology ☐ PT ☐ Urology
☐ ENT ☐ Ophthalmology ☐ Podiatry ☐ Mammo / Sonography
☐ OB / GYN

(C) PROVIDER INFORMATION:

- ☐ Seen (no follow-up appt needed)
☐ Seen need follow-up appt)
☐ No show (need new appt)
☐ 2ND No show (Refer Consult to SMD for re-evaluation)

Medication order(s) written: ☐ Yes ☒ No ☐ N/A
 Problem list in RIIS updated: ☐ Yes ☒ No ☐ N/A
 F/u appt. updated in RIIS: ☐ Yes ☒ No ☐ N/A
 Specialty Recommendation(s): ☐ Yes ☒ No ☐ N/A

Follow-up Appt. within

- ☐ 2 weeks ☐ 8 weeks
☐ 4 weeks ☐ 12 weeks
☐ 6 weeks ☐ Other: _____

Special Recommendations(s): (List each treatment i.e. dressing change, lab tests, x-rays needed, referral to another on/off-island clinic, equipment, etc.)

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

John E. Mullins Jr.
 Signature

John E. Mullins Jr. D.M.D.
 Provider Stamp

3/26/07
 Date

(D) FOR SCHEDULING DEPARTMENT USE ONLY:

New appointment date: _____ ☐ 2ND No show (Refer Consult to SMD for re-evaluation)
 Scheduler / Coordinator Name: _____ Date: _____

WHITE COPY TO FACILITY MEDICAL RECORDS DEPARTMENT FOR FILING
 YELLOW COPY TO UM DEPARTMENT

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Bruce James DOB 4/27/08
FROM GCRC 349042001
Correctional institution Inmate no.
Referred to OPM's vgency Ward / Clinic
Hospital PB4 / Clinic no.

P
Trevor Napier, MD

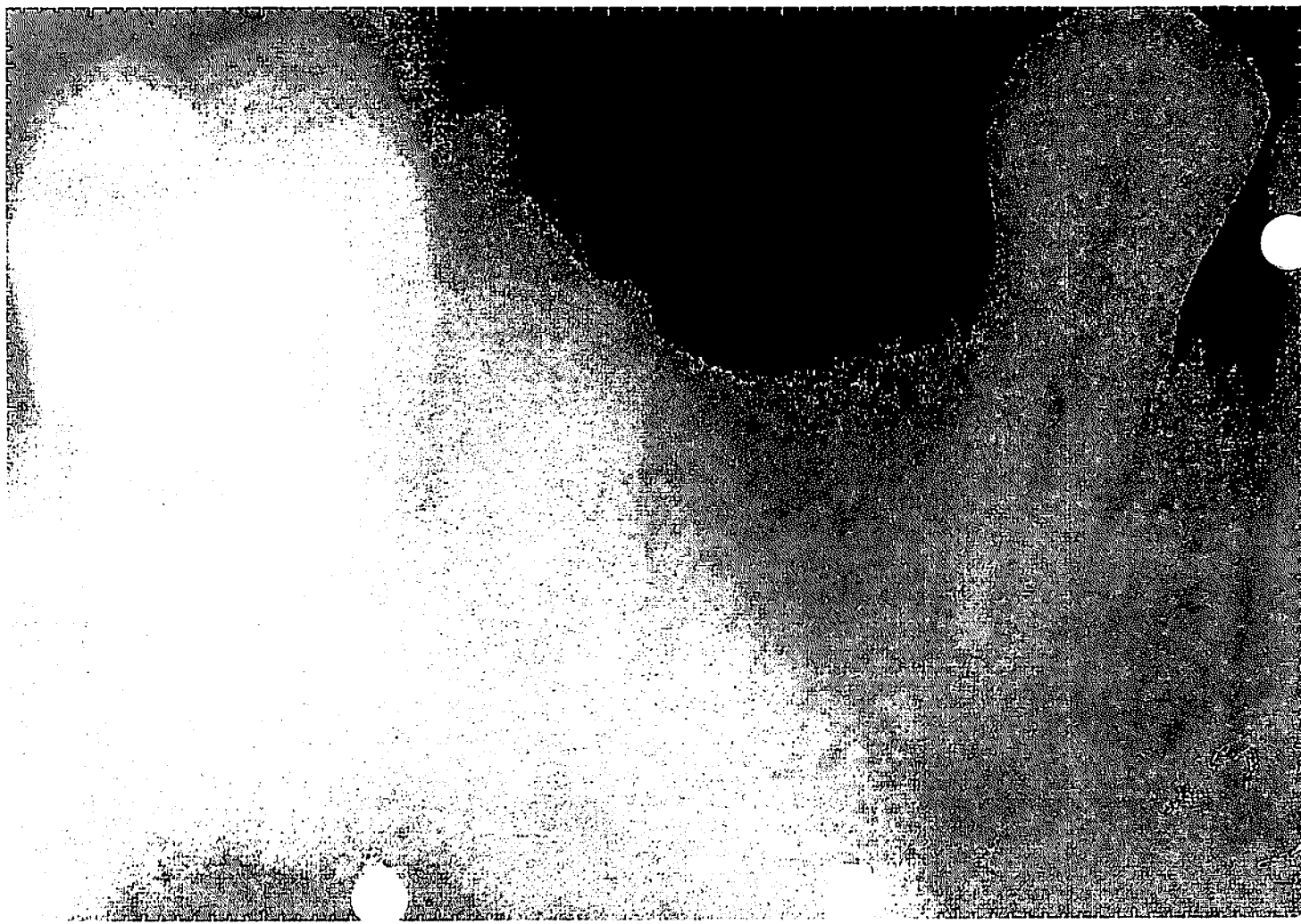
Chief complaint or findings:pt for ex #13.Diagnosis, treatment and medications by C.H.S.:Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

Date 4/23/07 Referring Physician Nathan Ocasio, DDS Phone _____ Approved _____

Consultation, findings and recommendations:5/2/07 No ShowScheduled
4/25/07

Date _____ Physician _____

PATIENT INFORMATION:
Last Name: Brown
First Name: James
ID Number: 3490620801
Exam Date: 4/23/2007
Image taken on: 4/23/2007



ON - ISLAND SPECIALTY CLINIC**(A) PATIENT INFORMATION:**Last Name: Brown First Name: James B&C #: 3490620801Date of Appointment: 5/8/07 Facility: JWC**(B) SPECIALTY CLINIC:**☒ Oral Surgery☐ Audiology☐ GI☐ Optometry☐ Surgery☐ Cardiology☐ Hand☐ Orthopedic☐ Urology☐ Dermatology☐ Neurology☐ PT☐ Mammo / Sonography☐ ENT☐ Ophthalmology☐ Podiatry☐ OB / GYN**(C) PROVIDER INFORMATION:**☐ Seen (no follow-up appt needed)☐ Seen need follow-up appt)☒ No show (need new appt)☐ 2ND No show (Refer Consult to SMD for re-evaluation)**Follow-up Appt. within**☒ 2 weeks☐ 8 weeks☐ 4 weeks☐ 12 weeks☐ 6 weeks☐ Other: _____Medication order(s) written: ☐ Yes ☒ No ☐ N/AProblem list in RIIS updated: ☐ Yes ☒ No ☐ N/AF/u appt. updated in RIIS: ☐ Yes ☒ No ☐ N/ASpecialty Recommendation(s): ☐ Yes ☒ No ☐ N/A**Special Recommendations(s): (List each treatment i.e. dressing change, lab tests, x-rays needed, referral to another on/off-island clinic, equipment, etc.)**

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

N. Carr
Signature**Nadine Carr, DA**

Provider Stamp

5/8/07
Date**(D) FOR SCHEDULING DEPARTMENT USE ONLY:**New appointment date: _____ ☒ 2ND No show (Refer Consult to SMD for re-evaluation)Scheduler / Coordinator Name: _____ Date: 5/9/07WHITE COPY TO FACILITY MEDICAL RECORDS DEPARTMENT FOR FILING
YELLOW COPY TO UM DEPARTMENT

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Brown, James DOB 4/27/68
FROM OBC, 3490620801
Correctional institution Inmate no.
Referred to Dental Ward / Clinic
Hospital / Clinic no.

Chief complaint or findings:Diagnosis, treatment and medications by C.H.S.:Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:Date 3/27/7 Referring Physician Leslie Beckford, PA Phone _____ Approved _____Consultation, findings and recommendations:

Date _____ Physician _____



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PATIENT REFUSAL OF TREATMENT

PATIENT'S LAST NAME <u>Brown</u>		FIRST NAME <u>James</u>		NYSID NUMBER	
BOOK AND CASE NUMBER <u>349 0620801</u>	DATE <u>4-26-07</u>	TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	FACILITY <u>CRC</u>		DATE OF ADMISSION

This is to certify that I am over the age of eighteen (18) years of age and I am refusing the following:

- | | |
|--|---|
| <input type="checkbox"/> MEDICAL EVALUATION (HISTORY AND PHYSICAL) | <input type="checkbox"/> MENTAL HEALTH EVALUATION |
| <input type="checkbox"/> MEDICAL SERVICES | <input type="checkbox"/> MENTAL HEALTH SERVICES |
| <input type="checkbox"/> ADMINISTRATION OF MEDICATION (OTHER THAN PSYCHIATRIC) | <input type="checkbox"/> ADMINISTRATION OF PSYCHIATRIC MEDICATION |
| <input type="checkbox"/> LABORATORY SERVICES <input type="checkbox"/> X-RAY SERVICES | <input type="checkbox"/> DIAGNOSTIC TESTING |
| <input type="checkbox"/> HEAT SENSITIVE HOUSING | <input type="checkbox"/> CLINICAL APPOINTMENT AT: <u>DBCC</u> |
| <input type="checkbox"/> OTHER (SPECIFY): <u>Oral Surgery</u> | |

I understand this refusal is against the advice of my health care practitioner. I acknowledge that I have been informed of the risks, consequences, and the danger, to my health and possibly to my life which may result from my refusal of this procedure/treatment. I have been given time to ask questions about my condition and about my decision to refuse the procedure/treatment which my health care provider has explained to me is medically indicated and necessary.

I voluntarily assume the risks and accept the consequences of my refusal of the procedure/treatment and I am releasing all of the health care providers, the facility, and its staff, from any and all liability for ill effects that may result from my refusal of treatment.

X REFUSED TO SIGN
Signature of Patient

4-26-07
Date

The above named patient refused the procedure/treatment, which is medically indicated, and necessary. I explained to the patient, the risks, consequences and dangers of refusing the procedure/treatment include but are not limited to the following:

1 RISK FOR IN MUNDITY DENT
(FROM INFECTION) BY REFUSING

I provided the above named patient with the opportunity to ask questions, I have answered the questions asked, and it is my professional opinion that the patient understands what I have explained.

Thomas Schwaner, PA
Print Name of Attending Physician or Authorized Health Care Provider

4/26/07
Date

[Signature]
Signature of Attending Physician or Authorized Health Care Provider

I _____ am a health care staff member who is not the patient's health care provider for this procedure/treatment and I have witnessed the patient voluntarily refuse to sign this form.	
<u>[Signature]</u> Witness Signature	<u>C/O 3180</u> Title of Witness

Interpreter/Translator: [To be signed by the interpreter/translator if the patient requires such assistance.] To the best of my knowledge, the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Interpreter/Translator

ON - ISLAND SPECIALTY CLINIC**(A) PATIENT INFORMATION:**

Last Name: Brown First Name: JAMES B&C #: 349-0620801
 Date of Appointment: 4/5/07 Facility: OBCC

(B) SPECIALTY CLINIC:

- ☐ Audiology ☐ GI ☐ Optometry ☐ Oral Surgery
☐ Cardiology ☐ Hand ☐ Orthopedic ☐ Surgery
☐ Dermatology ☐ Neurology ☐ PT ☐ Mammo / Sonography
☐ ENT ☐ Ophthalmology ☐ Podiatry ☐ OB / GYN

(C) PROVIDER INFORMATION:

- ☐ Seen (no follow-up appt needed)
☒ Seen need follow-up appt)
☐ No show (need new appt)
☐ 2ND No show (Refer Consult to SMD for re-evaluation)

Medication order(s) written: ☒ Yes ☐ No ☐ N/A
 Problem list in RIIS updated: ☒ Yes ☐ No ☐ N/A
 F/u appt. updated in RIIS: ☐ Yes ☒ No ☐ N/A
 Specialty Recommendation(s): ☐ Yes ☒ No ☐ N/A

Follow-up Appt. within

- ☒ 2 weeks ☐ 8 weeks
☐ 4 weeks ☐ 12 weeks
☐ 6 weeks ☒ Other: 1 week

Special Recommendations(s): (List each treatment i.e. dressing change, lab tests, x-rays needed, referral to another on/off-island clinic, equipment, etc.)

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

[Signature]
 Signature

Ronald Butler, MD
 Provider Stamp

4/5/07
 Date

(D) FOR SCHEDULING DEPARTMENT USE ONLY:

New appointment date: _____ ☐ 2ND No show (Refer Consult to SMD for re-evaluation)
 Scheduler / Coordinator Name: _____ Date: _____

WHITE COPY TO FACILITY MEDICAL RECORDS DEPARTMENT FOR FILING
 YELLOW COPY TO UM DEPARTMENT

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name BROWN, JANE DOB _____

FROM OBC ~~3490620501~~
Correctional institution Inmate no.

Referred to dent 3490620501
Ward / Clinic

Hospital _____ / Clinic no. _____

Chief complaint or findings:

Please see this in mtg

Diagnosis, treatment and medications by C.H.S.:

c/o pain & loose

teeth in front abt by dnt about

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

1/0 hrs ago

Request:

Dennis Williams MD

Date 7/17/07 Referring Physician [Signature] Phone _____ Approved _____

Consultation, findings and recommendations: C.C. Pain upper AND Lower Lip - Patient

Clinical Exam -

Relates Trauma to face

Laceration approx 1 cm Muc-Labial region Lower lip.

Teeth #8 & #9 ALVEOLAR Bone displaced palatally.

Laceration approx 2 cm labial Muc-Labial Region

Procedure - Surgical Removal Teeth #8 & #9, Suturing
maxillary Laceration 5 gut Sutures. Mandibular

Labial Laceration sutured 4 gut Sutures

R Tylenol #3 - Sig: TI B.i.d x 4 days

R Clindamycin 300 Sig: T Q.i.d x 7 days

Date 4/5/07 Physician [Signature]

Donald Butlein, DDS

Reminder: Fully Complete the Problem List

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____
Correctional institution Inmate no.

Referred to _____ Ward / Clinic

Hospital _____ / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Patients' Name Brown, James DOB 4/27/68
FROM OBCC, 3490620801
Correctional institution Inmate no.
Referred to MAH Ward / Clinic
Hospital / Clinic no.

Leave blank for hospital use

RR

5513644R

R

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Miscellaneous

Request:

New Transfer
Pt is h/w. Depress /
ASPD
Sp. Review
Reg. Submit c
care
JLHs

Date 3/27/07 Referring Physician Leslie Beckford, PA Phone _____ Approved _____

Consultation, findings and recommendations:

It is on card 3/28/07
Evan Boderman, MA
Assistant Chief
Cerissa Voltaggio, MA
Mental Health Clinician
3/28/07
NOT PRODUCED BY DEC 3/28/07
1st Refusal
Sign
3/30/07
FOJ

Date _____ Physician _____

ON - ISLAND SPECIALTY CLINIC

OBCC

(A) PATIENT INFORMATION:Last Name: Brown First Name: James B&C #: 3490620801Date: of Appointment: 3/19/07 Facility: Gmcc**(B) SPECIALTY CLINIC:**☒ Oral Surgery☐ Audiology☐ GI☐ Optometry☐ Surgery☐ Cardiology☐ Hand☐ Orthopedic☐ Urology☐ Dermatology☐ Neurology☐ PT☐ Mammo / Sonography☐ ENT☐ Ophthalmology☐ Podiatry☐ OB / GYN**(C) PROVIDER INFORMATION:**

- ☒ Seen (no follow-up appt needed)
☐ Seen need follow-up appt)
☐ No show (need new appt)
☐ 2ND No show (Refer Consult to SMD for re-evaluation)

Medication order(s) written: ☒ Yes ☐ No ☐ N/A
 Problem list in RIIS updated: ☒ Yes ☐ No ☐ N/A
 F/u appt. updated in RIIS: ☐ Yes ☒ No ☐ N/A
 Specialty Recommendation(s): ☐ Yes ☒ No ☐ N/A

Follow-up Appt. within

- ☐ 2 weeks ☐ 8 weeks
☐ 4 weeks ☐ 12 weeks
☐ 6 weeks ☐ Other: _____

Special Recommendations(s): (List each treatment i.e. dressing change, lab tests, x-rays needed, referral to another on/off-island clinic, equipment, etc.)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

John E. Mullins Jr.
 Signature

John E. Mullins Jr. D.M.D.
 Provider Stamp

3/19/07
 Date

(D) FOR SCHEDULING DEPARTMENT USE ONLY:New appointment date: _____ ☐ 2ND No show (Refer Consult to SMD for re-evaluation)

Scheduler / Coordinator Name: _____ Date: _____

WHITE COPY TO FACILITY MEDICAL RECORDS DEPARTMENT FOR FILING
 YELLOW COPY TO UM DEPARTMENT

3/19/07

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name	BROWN JAMES		DOB	4/27/68
FROM	LFMDC		3490620801	
	Correctional institution		Inmate no.	
Referred to	ORAL SURGERY		Ward / Clinic	
Hospital	OIBCC		/ Clinic no.	

Chief complaint or findings:

Please EKO #30 -

Diagnosis, treatment and medications by C.H.S.:PMH: NSA
NMA.Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Thanks
S.J.Request:
Date 2/23/07 Referring Physician SATTEN Phone _____ Approved _____
Consultation, findings and recommendations:3/6/07 NF W Donald Butlen, DDS

S: PAIN #30

J: PAIN #30

A: NON-RESTORABLE #

Tx: LINDA BR - STRESS &

and EKO #30 and S.R. 1000

Date 3/19/07 Physician J. Mullins Jr. John E. Mullins Jr. D.M.D.

Reminder: Fully Complete the Problem List

ON - ISLAND SPECIALTY CLINIC**(A) PATIENT INFORMATION:**

Last Name: Brown First Name: James B&C #: 3490620801
 Date: of Appointment: 3/6/07 Facility: gnde

(B) SPECIALTY CLINIC:

☐ Audiology ☐ GI ☐ Optometry ☐ Oral Surgery
☐ Cardiology ☐ Hand ☐ Orthopedic ☐ Surgery
☐ Dermatology ☐ Neurology ☐ PT ☐ Urology
☐ ENT ☐ Ophthalmology ☒ Podiatry ☐ Mammo / Sonography
☐ OB / GYN

(C) PROVIDER INFORMATION:

- ☐ Seen (no follow-up appt needed)
☐ Seen need follow-up appt)
☒ No show (need new appt)
☐ 2ND No show (Refer Consult to SMD for re-evaluation)

Medication order(s) written: ☐ Yes ☒ No ☐ N/A
 Problem list in RIIS updated: ☐ Yes ☒ No ☐ N/A
 F/u appt. updated in RIIS: ☐ Yes ☒ No ☐ N/A
 Specialty Recommendation(s): ☐ Yes ☒ No ☐ N/A

Follow-up Appt. within

- ☐ 2 weeks ☐ 8 weeks
☐ 4 weeks ☐ 12 weeks
☐ 6 weeks ☐ Other: _____

Special Recommendations(s): (List each treatment i.e. dressing change, lab tests, x-rays needed, referral to another on/off-island clinic, equipment, etc.)

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

[Signature]
 Signature

Donald Butten, DDS
 Provider Stamp

3/6/07
 Date

(D) FOR SCHEDULING DEPARTMENT USE ONLY:

New appointment date: _____ ☐ 2ND No show (Refer Consult to SMD for re-evaluation)

Scheduler / Coordinator Name: _____ Date: _____

WHITE COPY TO FACILITY MEDICAL RECORDS DEPARTMENT FOR FILING
 YELLOW COPY TO UM DEPARTMENT

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Brown James DOB 4/27/68
 FROM GrmDC 349-06-20801
 Correctional institution Inmate no.
 Referred to Podiatry Ward / Clinic
 Hospital / Clinic no.

P3

2/11/07 P 4

Chief complaint or findings:

pt. c/o foot pain 2° flat feet.

Diagnosis, treatment and medications by C.H.S.:

Please eval & advise

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

Date 2/10/07 Referring Physician Dr. Parks, RPA-I Phone _____ Approved 2/11/07
com to Dept

Consultation, findings and recommendations:

Refused 2/12/07

Date _____ Physician _____

Reminder: Fully Complete the Problem List

ON - ISLAND SPECIALTY CLINIC**(A) PATIENT INFORMATION:**

Last Name: Brown First Name: James B&C #: 3490220801
 Date of Appointment: 2/12/07 Facility: GMC

(B) SPECIALTY CLINIC:

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> GI | <input type="checkbox"/> Optometry | <input type="checkbox"/> Oral Surgery |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Hand | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Neurology | <input type="checkbox"/> PT | <input type="checkbox"/> Urology |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Ophthalmology | <input checked="" type="checkbox"/> Podiatry | <input type="checkbox"/> Mammo / Sonography |
| | | | <input type="checkbox"/> OB / GYN |

(C) PROVIDER INFORMATION:

- ☐ Seen (no follow-up appt needed)
☐ Seen need follow-up appt)
☒ No show (need new appt)
☐ 2ND No show (Refer Consult to SMD for re-evaluation)

Medication order(s) written: ☐ Yes ☐ No ☐ N/A
 Problem list in RIIS updated: ☐ Yes ☐ No ☐ N/A
 F/u appt. updated in RIIS: ☐ Yes ☐ No ☐ N/A
 Specialty Recommendation(s): ☐ Yes ☐ No ☐ N/A

Follow-up Appt. within

- ☐ 2 weeks ☐ 8 weeks
☐ 4 weeks ☐ 12 weeks
☐ 6 weeks ☐ Other: _____

Special Recommendations(s): (List each treatment i.e. dressing change, lab tests, x-rays needed, referral to another on/off-island clinic, equipment, etc.)

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

Signature

Allan Goldberg, DPM

Provider Stamp

Date

(D) FOR SCHEDULING DEPARTMENT USE ONLY:

New appointment date: _____ ☐ 2ND No show (Refer Consult to SMD for re-evaluation)

Scheduler / Coordinator Name: Referred 2/12/07 Date: _____

WHITE COPY TO FACILITY MEDICAL RECORDS DEPARTMENT FOR FILING
 YELLOW COPY TO UM DEPARTMENT

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

GUA

Patients' Name Brown James DOB 4-27-68
 FROM C-28 3490620801
 Correctional institution Inmate no.
 Referred to mt Ward / Clinic
 Hospital / Clinic no.

Chief complaint or findings:

New Transf

Diagnosis, treatment and medications by C.H.S.:

hx - psych disorder

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

pls - eval,

Request:

Laurence Rezkalla, MD

Date 2/6/07 Referring Physician [Signature] Phone _____ Approved _____

Consultation, findings and recommendations:

2/6/07 - Transfer in -
 no F/U required
 at this time.
 [Signature]

114742WK

CORRECTIONAL DEPARTMENT
GALLI C. CLINIC

-6 FEB 2007 08 08

Date _____ Physician _____

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name <u>Brown Jones</u>		DOB <u>4/27/68</u>
FROM <u>C91</u>	<u>3490620801</u>	
Correctional institution	Inmate no.	
Referred to <u>Dental</u>	Ward / Clinic	
Hospital	/ Clinic no.	

Chief complaint or findings:

38 yo male (7)

Diagnosis, treatment and medications by C.H.S.:

toothacheOther pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Swelling
(R) face.

Request:

Guy Kelly, RPA

Date 1/31/07 Referring Physician Guy Kelly Phone _____ Approved _____

Consultation, findings and recommendations:

GMS
R/S 2/20

Date _____ Physician _____

Reminder: Fully Complete the Problem List

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Patients' Name _____		DOB _____	
FROM _____		/ _____	
Correctional institution		Inmate no.	
Referred to _____		Ward / Clinic	
Hospital		/ Clinic no.	

Leave blank for hospital use

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name BROWN JAMES DOB 4/27/68
 FROM GmC - 1349-06-20801
 Correctional institution Inmate no.
 Referred to Dental Ward / Clinic
 Hospital / Clinic no.

Chief complaint or findings:

Pt. c/o toothache.

Diagnosis, treatment and medications by C.H.S.:

mouth: (R) lower 1st molar
 i large cavity.
 gum i swelling dist. aspect.

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Dental care / abscess.

Request:

p/ages from ASAP

Date 2/6/07 Referring Physician John Parks, RPA Phone _____ Approved _____

Consultation, findings and recommendations:

2/23/07
 p/20

See R I I S

R2

SATTER

2/23/07

Date _____ Physician _____

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Brown, James DOB 4-1-71
FROM CPD (C) 701482000
Correctional institution Inmate no.
Referred to DD Ward / Clinic
Hospital / Clinic no.

Chief complaint or findings:Diagnosis, treatment and medications by C.H.S.:Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:Date 5/1/17 Referring Physician [Signature] Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

no chart avail.
loose
 DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
 CORRECTIONAL HEALTH SERVICES

PATIENT REFUSAL OF TREATMENT

PATIENT'S LAST NAME <u>Brown</u>		FIRST NAME <u>James</u>		NYSID NUMBER	
BOOK AND CASE NUMBER <u>3490620801</u>	DATE <u>3/30/07</u>	TIME <u>10:30</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	FACILITY <u>OBCC-RK</u>	DATE OF ADMISSION

This is to certify that I am over the age of eighteen (18) years of age and I am refusing the following:

- | | |
|--|---|
| <input type="checkbox"/> MEDICAL EVALUATION (HISTORY AND PHYSICAL) | <input checked="" type="checkbox"/> MENTAL HEALTH EVALUATION |
| <input type="checkbox"/> MEDICAL SERVICES | <input checked="" type="checkbox"/> MENTAL HEALTH SERVICES |
| <input type="checkbox"/> ADMINISTRATION OF MEDICATION (OTHER THAN PSYCHIATRIC) | <input type="checkbox"/> ADMINISTRATION OF PSYCHIATRIC MEDICATION |
| <input type="checkbox"/> LABORATORY SERVICES <input type="checkbox"/> X-RAY SERVICES | <input type="checkbox"/> DIAGNOSTIC TESTING |
| <input type="checkbox"/> HEAT SENSITIVE HOUSING | <input type="checkbox"/> CLINICAL APPOINTMENT AT: _____ |
| <input type="checkbox"/> OTHER (SPECIFY): _____ | |

I understand this refusal is against the advice of my health care practitioner. I acknowledge that I have been informed of the risks, consequences, and the danger, to my health and possibly to my life which may result from my refusal of this procedure/treatment. I have been given time to ask questions about my condition and about my decision to refuse the procedure/treatment which my health care provider has explained to me is medically indicated and necessary.

I voluntarily assume the risks and accept the consequences of my refusal of the procedure/treatment and I am releasing all of the health care providers, the facility, and its staff, from any and all liability for ill effects that may result from my refusal of treatment.

James Brown
Signature of Patient

3-30-07
Date

The above named patient refused the procedure/treatment, which is medically indicated, and necessary. I explained to the patient, the risks, consequences and dangers of refusing the procedure/treatment include but are not limited to the following:

Consequences explained. pt. could get pain
depp/Ans. or hallucinations. pt. does not want
Mt. services.

I provided the above named patient with the opportunity to ask questions. I have answered the questions asked, and it is my professional opinion that the patient understands what I have explained.

Frederic K. Gray, LCSW-R
Print Name of Attending Physician or Authorized Health Care Provider

3/30/07
Date

[Signature]
Signature of Attending Physician or Authorized Health Care Provider

I, _____ am a health care staff member who is not the patient's health care provider for this procedure/treatment and I have witnessed the patient voluntarily refuse to sign this form.

Witness Signature

Title of Witness

Interpreter/Translator: [To be signed by the interpreter/translator if the patient requires such assistance.] To the best of my knowledge, the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Interpreter/Translator

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____
Correctional institution _____ Inmate no. _____

Referred to _____ Ward / Clinic _____

Hospital _____ / Clinic no. _____

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Patients Name <u>Brown James</u>		DOB <u>04/27/68</u>
FROM <u>INMATE</u>	Inmate no. <u>349 06 20801</u>	
Referred to <u>Dental</u>	Ward / Clinic	
Hospital	Clinic no.	

Leave blank for hospital use

Chief complaint or findings:

Requesting dental Bridge

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Please Evaluate

Date 05/14/07 Referring Physician [Signature] Phone [Signature] Approved [Signature]

Consultation, findings and recommendations:

5/7/07

Requests
Bridge
Edzer Roche
RPA

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
CORRECTIONAL HEALTH SERVICES

Leave blank for hospital use

Patients Name Brown, James DOB 04/27/68
 FROM CNYC Inmate no. 349 0620801
 Referred to 6/1/07 Ward / Clinic
 Hospital NYC / Clinic no.

Chief complaint or findings:

Requesting re-a day stand.

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date 05/17/07 Referring physician Edzer Roche, RPA Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

Brown, James

8 A M



CONSULTATION REQUEST

Health

DIVISION OF HEALTH CARE ACCESS AND
IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

Leave blank for hospital use

Patients' Name	Brown, James	DOB	4/27/1968
FROM	GRVC		/349-06-20801
	Correctional Institution		Inmate no.
Referred to	MH		Ward/Clinic
Hospital			/Clinic no.

Chief complain or findings:

He has depression as per

Diagnosis, treatment and medication by C.H.S.:

Chart Review

Other pertinent physical, psychiatric, and historical findings:Including lab values and x-ray findings:Request:

Date 04/07/07 Referring physician Claude J. Pernier, MD Phone _____ Approved _____

Consultation findings and recommendations:

Received 4/9
26/368

Gp no H/V
Pt B/C from MH 12/13/06
Pt signed Release on 3/30/07

Date 4/9/07 Physician [Signature]
Reminder: Fully Complete the Problem List

CHS 5014 (Rev. 05/05)

4/7/2007 9:09:34 PM

Angela Taglione, MA
MH ClinicianAngela Taglione, MA
MH Clinician



Health

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

CONSULTATION REQUEST

DIVISION OF HEALTH CARE ACCESS AND
IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

Leave blank for hospital use

8A

Patients' Name	Brown, James	DOB	4/27/1968
FROM	GRVC		/349-06-20801
	Correctional Institution		Inmate no.
Referred to	<i>Dental</i>		Ward/Clinic
Hospital			/Clinic no.

Chief complain or findings:Diagnosis, treatment and medication by C.H.S.:Other pertinent physical, psychiatric, and historical findings.Including lab values and x-ray findings:RequestDate *04/07/07*Referring physician *[Signature]*

Phone _____

Approved _____

Claude J. Pernier, MD

Consultation, findings and recommendations:

Date _____

Physician _____

Reminder: Fully Complete the Problem List

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Brown, Jones DOB 4/27/08
 FROM me 3490420801
 Correctional institution Inmate no.
 Referred to Oral Surgery Ward / Clinic
 Hospital JB / Clinic no.

Chief complaint or findings:p1 (u) see #13.**Diagnosis, treatment and medications by C.H.S.:**Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

Nathan Ocasio, DDS

Date 4/28/08 Referring Physician [Signature] Phone _____ Approved _____Consultation, findings and recommendations:

Date _____ Physician _____

Reminder: Fully Complete the Problem List

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

FROM _____
Correctional institution Inmate no.

Hospital / Clinic no.

[Signature]

Diagnosis, treatment and medications by C.H.S.:

Number of hauls	<i>P. setiferus</i> (%)	<i>P. setiferus</i> + <i>P. setiferus</i> + <i>P. setiferus</i> (%)	<i>P. setiferus</i> + <i>P. setiferus</i> + <i>P. setiferus</i> (%)
1	10	10	10
2	40	20	10
3	70	30	10
4	85	40	10
5	95	50	10
6	98	60	10
7	99	70	10
8	100	75	10
9	100	78	10
10	100	80	10

4 Aug. 1968, 1969

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Bruce Jones DOB 4/1/61

FROM C73 Correctional Institution Inmate no. 36222222

Referred to Dr. [Signature] Ward / Clinic

Hospital [Signature] / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date 3/1/08 Referring Physician [Signature] Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Caron Jones DOB 4/27/68
FROM CSC, 3110620061
Correctional institution Inmate no.
Referred to 5-17-C Ward / Clinic
Hospital / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date 5/21/7 Referring Physician Leslie Dorfman, MD Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name <u>Ernest Jones</u>		DOB <u>11/1/41</u>
FROM <u>NYC Dept of Correction</u>		Inmate no. <u>10112501</u>
Correctional institution		Inmate no.
Referred to <u>MHT</u>		Ward / Clinic
Hospital		/ Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date 3/27/12 Referring Physician Leslie Beckford, PA Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name James Jones DOB 4/21/68
FROM CDC 3H 052501
Correctional institution Inmate no.
Referred to DC Ward / Clinic
Hospital / Clinic no.

Chief complaint or findings:Diagnosis, treatment and medications by C.H.S.:Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:Date 9/2/08 Referring Physician Leslie Beckford, PA Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PATIENT REFUSAL OF TREATMENT

PATIENT'S LAST NAME Brown		FIRST NAME James		NYSID NUMBER 5513644R	
BOOK AND CASE NUMBER 349-06-20801	DATE 11/26/2006	TIME 11:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	FACILITY AMKC	DATE OF ADMISSION 11/21/2006

This is to certify that I am over the age of eighteen (18) years of age and I am refusing the following:

- | | |
|--|---|
| <input type="checkbox"/> MEDICAL EVALUATION (HISTORY AND PHYSICAL) | <input type="checkbox"/> MENTAL HEALTH EVALUATION |
| <input type="checkbox"/> MEDICAL SERVICES | <input type="checkbox"/> MENTAL HEALTH SERVICES |
| <input type="checkbox"/> ADMINISTRATION OF MEDICATION (OTHER THAN PSYCHIATRIC) | <input type="checkbox"/> ADMINISTRATION OF PSYCHIATRIC MEDICATION |
| <input type="checkbox"/> LABORATORY SERVICES | <input type="checkbox"/> DIAGNOSTIC TESTING |
| <input type="checkbox"/> X-RAY SERVICES | <input type="checkbox"/> CLINICAL APPOINTMENT AT: _____ |
| <input type="checkbox"/> HEAT SENSITIVE HOUSING | |
| <input checked="" type="checkbox"/> OTHER (SPECIFY): <u>Vital signs, resuscitation by MD</u> | |

I understand this refusal is against the advice of my health care practitioner. I acknowledge that I have been informed of the risks, consequences, and the danger, to my health and possibly to my life which may result from my refusal of this procedure/treatment. I have been given time to ask questions about my condition and about my decision to refuse the procedure/treatment which my health care provider has explained to me is medically indicated and necessary.

I voluntarily assume the risks and accept the consequences of my refusal of the procedure/treatment and I am releasing all of the health care providers, the facility, and its staff from any and all liability for ill effects that may result from my refusal of treatment.

James Brown TREATMENT
Signature of Patient 11/26/06
Date

The above named patient refused the procedure/treatment, which is medically indicated, and necessary. I explained to the patient, the risks, consequences and dangers of refusing the procedure/treatment include but are not limited to the following:

Pt. refused to have vitals. Consequences explained.

IAN PSYCHIATRIC

I provided the above named patient with the opportunity to ask questions. I have answered the questions asked, and it is my professional opinion that the patient understands what I have explained.

Aslam Kadori
Print Name of Attending Physician or Authorized Health Care Provider 11/26/06
Date
Aslam Kadori
Signature of Attending Physician or Authorized Health Care Provider

<p><u>Celia Aquino, RN</u></p> <p>I am a health care staff member who is not the patient's health care provider for this procedure/treatment and I have witnessed the patient voluntarily refuse to sign this form.</p>	
<p><u>[Signature]</u> Witness Signature</p>	<p><u>[Signature]</u> Title of Witness</p>
<p>Interpreter/Translator: [To be signed by the interpreter/translator if the patient requires such assistance.] To the best of my knowledge, the patient understood what was interpreted/translated and voluntarily signed this form.</p> <p>_____ Signature of Interpreter/Translator</p>	

CORRECTION DEPARTMENT
CITY OF NEW YORK

INJURY TO INMATE REPORT

Page 1
of
2 PagesForm: #167R-A
Rev.: 07/20/06
Ref.: Dir. #4516

INSTRUCTIONS: Original Report to Security, One copy to Clinic Lock box, One copy to Inmate Medical File.

Command: <u>AMKC</u>	Date: <u>2/3/07</u>	CCC/UOF #:	Injury #: <u>332</u>
----------------------	---------------------	------------	----------------------

TO BE COMPLETED BY EMPLOYEE. PLEASE PRINT CLEARLY.

Inmate Name (Last Name, First Name): <u>Brown James</u>	NYSID #: <u>5513644R</u> Book & Case/Sent #: <u>345-0620801</u>	Location: <u>99L</u>	Work:
--	--	-------------------------	-------

Details: On 2-3-07 at approximately 1815 hrs inmate
Brown James 345-0620801-5513644R from 99L lower
detention was involved in a fight with Castro, Victor 24460
9386-9465, 7704 and also Ireland, Elijah 441
0700082-9844085 in 99L lower

Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <u>Captain Greaves</u>	Date: <u>2/3/07</u>	Time: <u>1820</u> Hrs.
--	---------------------	------------------------

Employee: <input type="checkbox"/> (did) <input checked="" type="checkbox"/> (did not) witness this injury.	Employee Signature: <u>William</u>	Rank/Title: <u>C/O</u>	Shield/ID#: <u>15385</u>
---	---------------------------------------	---------------------------	-----------------------------

TO BE COMPLETED BY MEDICAL STAFF - (PLEASE PRINT CLEARLY)

0307

Date of Injury: <u>2/4/07</u>	Reported for Medical Attention: <u>2/4/07 350am</u> Hrs.
-------------------------------	--

Nature of Injury and Cause:

patient denies any injuries or
complaints.re: normal

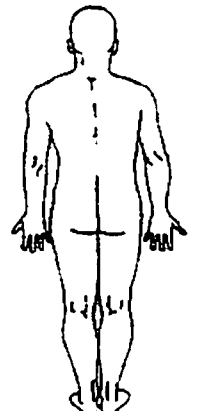
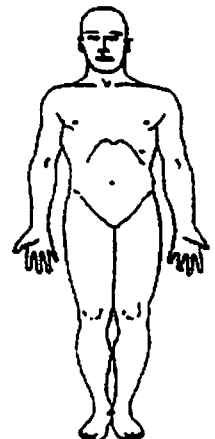
Treatment:

no treatmentTreated By (Signature): J. Greaves

Referrals to Other Medical Services - (Document Medical Findings):

Treated By (Signature): [Signature]

Rank/Title:





CONSULTATION REQUEST

Health

 DIVISION OF HEALTH CARE ACCESS AND
IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

Leave blank for hospital use

Patients' Name	Brown, James	DOB	4/27/1968
FROM	GRVC		/349-06-20801
	Correctional Institution		Inmate no.
Referred to	<i>MM</i>		Ward/Clinic
Hospital			/Clinic no.

Chief complain or findings:*He has depression as in*

Diagnosis, treatment and medication by C.H.S.:

*Chart Review*Other pertinent physical, psychiatric, and historical findings.Including lab values and x-ray findings.Request

Date

04/07/07

Referring physician

Claude J. Pernier, MD

Phone

Approved

Consultation, findings and recommendations:

Date

Physician

Reminder: Fully Complete the Problem List



CONSULTATION REQUEST

Health

 DIVISION OF HEALTH CARE ACCESS AND
IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

Leave blank for hospital use

Patients' Name	Brown, James	DOB	4/27/1968
FROM	GRVC		/349-06-20801
	Correctional Institution		Inmate no
Referred to	<i>Dental</i>		Ward/Clinic
Hospital			/Clinic no.

Chief complain or findings:*He has jagged and loose teeth*Diagnosis, treatment and medication by C.H.S.:*as per chart review*
Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:
Request:*Dental check up?*

Claude J. Pernier, MD

Date

04/07/07

Referring physician

[Signature]

Phone

Approved

Consultation, findings and recommendations:

Date

Physician

Reminder: Fully Complete the Problem List

CHS 501.4 (Rev. 05/05)

4/7/2007 9:09:34 PM

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Brown, James DOB 4/27/68
 FROM C73 3490620801
 Correctional institution Inmate no.
 Referred to Dental Ward / Clinic
 Hospital / Clinic no.

Chief complaint or findings:Diagnosis, treatment and medications by C.H.S.:Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

Date 3/9/07 Referring Physician [Signature] Jorge Villalobos, PA Phone _____ Approved _____

Consultation, findings and recommendations:

3/09/07 C-73 Med Hx Reviewed. Emergency add-on, Pt c/o swelling LRQ, Existing PA, pending OMS/OBCC consult. N/P OBCC on 3/6/07 due to court date. Informed consent obtained, admin 1.8 cc 3% Carbo PX 2. I&D #30 area. POIG. Rx Clindamycin 600mg tid. Resubmit Consult. Andrew Koukoulas, DMD



Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____
Correctional institution Inmate no.

Referred to _____ Ward / Clinic

Hospital _____ / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name <u>B. J. S.</u> DOB <u>2/27/77</u>	
FROM <u>Corrections</u>	Inmate no. <u>100-100000000</u>
Referred to <u>2. 1-6</u>	Ward / Clinic
Hospital	/ Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date 8/1/07 Referring Physician Cott Parks, RPA Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____ / _____
Correctional institution Inmate no.

Referred to _____ Ward / Clinic

Hospital _____ / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____
Correctional institution Inmate no.

Referred to _____ Ward / Clinic

Hospital _____ / Clinic no.

Chief complaint or findings:**Diagnosis, treatment and medications by C.H.S.:**Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

Guy Kelly, RPA

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

<p>New York City Health and Hospitals Corporation Correctional Health Services</p> <p>INFORMED CONSENT FOR INVASIVE, DIAGNOSTIC, MEDICAL & SURGICAL PROCEDURES</p>	<p>Patient Addressograph</p>
---	-------------------------------------

Brown, James 3490620601 CHS FORM B

I hereby permit _____ (Name of Attending Physician or Authorized Health Care Provider) or his/her Associate Attending Physician of the same service, and assistants as may be selected and supervised by him/her to perform the following medical treatment, operation, or procedure (hereafter called the "procedure"):

ANALYSIS & Drainage

The procedure has been explained to me and I have been told the reasons why I need the procedure. The risks of the procedure have also been explained to me. In addition, I have been told that the procedure may not have the result that I expect. I have also been told about other possible treatments for my condition and what might happen if no treatment is received.

I understand that in addition to the risks described to me about this procedure there are risks that may occur with any surgical or medical procedure. I am also aware that the practice of medicine and surgery is not an exact science, and that I have not been given any guarantees about the results of this procedure.

I have had enough time to discuss my condition and treatment with my health care providers and all of my questions have been answered to my satisfaction. I believe I have enough information to make an informed decision and I agree to have the procedure. If something unexpected happens and I need additional or different treatment(s) from the treatment I expect, I agree to accept any treatment which is necessary.

The risks, benefits and alternatives of the proposed procedure have been explained to me and all of my questions have been answered to my satisfaction.

James Brown
Signature of Patient

Date 3/9/07

Witness: I, _____ am health care staff member who is not the patient's health care practitioner named above and I have witnessed the patient voluntarily sign this form.

Signature and Title of Witness

Interpreter/Translator: [To be signed by the interpreter/translator if the patient require such assistance]
To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Interpreter/Translator

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Blum, James DOB 4/27/68
 FROM C98, 3490620801
 Correctional institution Inmate no.
 Referred to Dental Ward / Clinic
 Hospital / Clinic no.

Chief complaint or findings:

Oral dental caries
 eval only

Diagnosis, treatment and medications by C.H.S.:
Other pertinent physical, psychiatric, and historical findings,
 including lab values and x-ray findings:

Thmb

Request:

Date 11/22/06 Referring Physician Peter Herz, MD Phone _____ Approved _____

Consultation, findings and recommendations:

12/12 MF
 12/20 MF

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____
Correctional institution Inmate no.

Referred to _____ Ward / Clinic

Hospital _____ / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician Peter Herz, MD Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____
FROM _____
Correctional institution Inmate no. _____
Referred to _____ Ward / Clinic _____
Hospital _____ / Clinic no. _____

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

**BioReference**
LABORATORIES

D O C T O R	RIKERS/AMKC 18-18 HAZEN STREET EAST ELMHURST, NY 11370 (718) 626-3414 (C0036-3)		NAME: BROWN, JAMES BOOK/CASE: 3490620801 DOB: 04/27/1968	
	-FINAL- Original Report 11/23/2006			
NAME BROWN, JAMES		PATIENT I.D. / ROOM NO. 3490620801		DOCTOR / GROUP NAME RIKERS/AMKC
LAB ID NO 103068389	DATE COLLECTED 11/22/2006	DATE RECEIVED 11/22/2006 23:12	DATE OF REPORT 11/23/2006 08:01	AGE 38 Y M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

-----* MISCELLANEOUS *-----

RPR Non-Reactive NON-REACTIVE *****

NOTICE: IF the result of the RPR is reported as reactive with a titer of up to 1:8 please note that this level of reactivity can be caused by other, non-specific constituents and may not be related to syphilis. Confirmation of positive RPRs can only be made via performance of the Serodia-tp confirmation test.

Final Report

Page: 1

Monday, November 27, 2006

Trevor Parks MD
Prison Health Services, Inc./Rikers Island
Radiology Department
1818 Hazen Street
East Elmhurst, NY 11370


RE : Brown , James
Unit #: 60289
B/C #: 3490620801
Facility: AMKC
DOB: 4/27/68
DOE : 11/24/2006

Ribs, Right Hemithorax X-Ray

Presented for interpretation is a radiographic examination of the ribs of the right hemithorax.

Views of the ribs of the right hemithorax demonstrate no evidence of acute fracture or destructive bony lesion.

Impression: Negative radiographic examination of the ribs of the right hemithorax.

A handwritten signature in black ink, appearing to read "Lawrence S. Liebman".

Lawrence S Liebman MD
Cert. American Board of Radiology

6h 13 W 60 100 900

Monday, November 27, 2006

Trevor Parks MD
Prison Health Services, Inc./Rikers Island
Radiology Department
1818 Hazen Street
East Elmhurst, NY 11370

RE : Brown , James
Unit #: 60289
B/C #: 3490620801
Facility: AMKC
DOB: 4/27/68
DOE : 11/24/2006

11/21

Chest X-Ray PA

Presented for interpretation is a radiographic examination of the chest.

Examination of the chest demonstrates the heart size to be within normal limits. There is no evidence of pulmonary infiltrate or mass. No pleural effusion is seen.

Impression: Negative study.

Ribs, Left Hemithorax X-Ray

Presented for interpretation is a radiographic examination of the ribs of the left hemithorax.

Views of the ribs of the left hemithorax demonstrate no evidence of acute fracture or destructive bony lesion.

Impression: Negative radiographic examination of the ribs of the left hemithorax.



D O C T O R	RIKERS/GRVC 09-09 HAZEN STREET EAST ELMHURST, NY 11370 (718) 626-3414 (C0047-0)		NAME: BROWN, JAMES BOOK/CASE: 3490620801 DOB: 04/27/1968	
			-FINAL- Original Report 05/21/2007	
NAME BROWN, JAMES		PATIENT I.D. / ROOM NO. 3490620801		DOCTOR / GROUP NAME RIKERS/GRVC
LAB I.D. NO. 104558147	DATE COLLECTED 05/16/2007	DATE RECEIVED 05/17/2007 20:52	DATE OF REPORT 5/22/2007 08:22	AGE 39 Y M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

-----* MISCELLANEOUS *-----

H.PYLORI AB., IGG	0.41	SEE BELOW
H.PYLORI AB., IGA	0.34	SEE BELOW
H.PYLORI AB., IGM	0.76	SEE BELOW *****


H.PYLORI (IgG, IgA, IgM)	REFERENCE RANGES:
NEGATIVE	<0.89 UNITS
EQUIVOCAL	0.89-0.99 UNITS
POSITIVE	>0.99 UNITS

NOTE: This is a screening test for H.PYLORI and the diagnosis of gastritis and peptic ulcers should be assessed with the patients medical history and clinical symptoms. Results in the equivocal range should be rechecked with a new specimen in 2-5 weeks.
**H.Pylori, IgM is for research use only. This assay is not for use in diagnostic procedures.

Final Report

Page: 1

NOBILITE

 <p>Bio-Reference Laboratories</p> <p>481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407-0621 1-800-229-5227</p>	<h2 style="margin: 0;">RIKERS ISLAND DETENTION COMPLEX</h2> <h3 style="margin: 10px 0 0 0;">GENERAL LABORATORY TESTING REQUISITION</h3>		
copy	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <p style="text-align: center; margin: 0;">RIKERS ISLAND FACILITIES</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> C0034-8 ARDC (C74) <input type="checkbox"/> C0036-3 AMKC (C-95) <input type="checkbox"/> C0046-2 EMTC (C-76) <input type="checkbox"/> C0035-5 GMDC (C-73) <input checked="" type="checkbox"/> C0047-0 GRVC <input type="checkbox"/> C0037-1 JATC </div> <div> <input type="checkbox"/> C0041-3 MHC (C-71) <input type="checkbox"/> C0038-9 NIC <input type="checkbox"/> C0040-5 OBCC <input type="checkbox"/> C0048-8 RMSC <input type="checkbox"/> C0039-7 West/CDU </div> </div> <p style="text-align: center; margin-top: 5px;">GRVC 1A</p> </td> <td style="width: 40%; border: none; padding-left: 10px;"> <p style="text-align: center; margin: 0;">DETENTION COMPLEXES</p> <div> <input type="checkbox"/> C0042-1 VCBC (BRONX) <input type="checkbox"/> C0045-4 BBKC (MANHATTAN) <input type="checkbox"/> C0044-7 BDC (BROOKLYN) <input type="checkbox"/> C0043-9 QDC (QUEENS) </div> </td> </tr> </table>	<p style="text-align: center; margin: 0;">RIKERS ISLAND FACILITIES</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> C0034-8 ARDC (C74) <input type="checkbox"/> C0036-3 AMKC (C-95) <input type="checkbox"/> C0046-2 EMTC (C-76) <input type="checkbox"/> C0035-5 GMDC (C-73) <input checked="" type="checkbox"/> C0047-0 GRVC <input type="checkbox"/> C0037-1 JATC </div> <div> <input type="checkbox"/> C0041-3 MHC (C-71) <input type="checkbox"/> C0038-9 NIC <input type="checkbox"/> C0040-5 OBCC <input type="checkbox"/> C0048-8 RMSC <input type="checkbox"/> C0039-7 West/CDU </div> </div> <p style="text-align: center; margin-top: 5px;">GRVC 1A</p>	<p style="text-align: center; margin: 0;">DETENTION COMPLEXES</p> <div> <input type="checkbox"/> C0042-1 VCBC (BRONX) <input type="checkbox"/> C0045-4 BBKC (MANHATTAN) <input type="checkbox"/> C0044-7 BDC (BROOKLYN) <input type="checkbox"/> C0043-9 QDC (QUEENS) </div>
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Patient Last Name: Brown First: James Book/Case #: 349-06-20801

Date of Birth: 4/27/1968 Sex: M Date Collected: 5/16/2007

Comments: _____ Collected By: [Signature]

Ordering Physician: _____

PROFILES

- | | |
|--|---|
| <input type="checkbox"/> 8392-3 CHEM 20 (T, PROT, ALB, GLOB, GLU, NA, K, CL, CO2, BUN, CREAT, GGT, CAL, URIC ACID, T. BILI, LDH ALK. PHOS, ALT, CHOL)
<input type="checkbox"/> 2280-6 HEPATITIS ABC PROFILE (HepBsAb, HepBsAg, HepBcAb, HepcAB, HepAAb, w/reflex)
<input type="checkbox"/> 7402-1 Profile 7 (NA, K CO2, CL, BUN, GLUCOSE, CREAT)
<input type="checkbox"/> 0007-5 Thyroid Profile (T4, T3U, T7, TSH) | <input type="checkbox"/> 2342-4 Liver Profile (T+DBILI, AST, LDH, GGT, T. PRO, ALB, ALP, ALT)
<input type="checkbox"/> 0009-1 LIPID PROFILE (CHOL, TRIG, HDL, LDL) |
|--|---|

CLINICAL TEST

- | | |
|--|---|
| <input type="checkbox"/> 0156-0 ABO/RH
<input type="checkbox"/> 0036-4 Amylase
<input type="checkbox"/> 0050-1 Calcium
<input type="checkbox"/> 0053-9 CBC
<input type="checkbox"/> 1763-2 CD4/CD8
<input type="checkbox"/> 3800-0 ChlamyGC Probe Tec
<input type="checkbox"/> 2661-7 Chlamydia/GC Urine
<input type="checkbox"/> 0058-8 Cholesterol
<input type="checkbox"/> 7414-6 CK+CKMB
<input type="checkbox"/> 0083-6 Digoxin
<input type="checkbox"/> 0084-4 Dilantin
<input type="checkbox"/> 0088-5 Fernitin
<input type="checkbox"/> 0090-1 Folate
<input type="checkbox"/> 0095-0 Glucose | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 0102-4 Glycohemoglobin
 <input type="checkbox"/> 0105-7 Hepatitis A Ab (w/reflex)
 <input type="checkbox"/> 0540-5 Hepatitis Be Ab
 <input type="checkbox"/> 0539-7 Hepatitis Be Ag
 <input type="checkbox"/> 0107-3 Hepatitis B Surface Ab
 <input type="checkbox"/> 0106-5 Hepatitis B Surface Ag
 <input type="checkbox"/> 0108-1 Hepatitis B Core Ab
 <input type="checkbox"/> 0812-8 Hepatitis C Ab
 <input type="checkbox"/> 3266-4 HIV RNA PCR Quant
 <input type="checkbox"/> 0114-9 Iron
 <input type="checkbox"/> 0521-5 Lipase
 <input type="checkbox"/> 0119-8 Lithium
 <input type="checkbox"/> 0120-6 Magnesium
 <input type="checkbox"/> 0289-9 Phenobarbital </div> <div> <input type="checkbox"/> 0327-7 Pregnancy (Serum) +/- quant.
 <input type="checkbox"/> 0133-9 Pregnancy (Urine) +/-
 <input type="checkbox"/> 0137-0 Protime (INR)
 <input type="checkbox"/> 0139-6 PTT
 <input type="checkbox"/> 0141-2 Retic Count
 <input type="checkbox"/> 0142-0 RPR
 <input type="checkbox"/> 0086-9 Sed Rate
 <input type="checkbox"/> 0366-5 Sickie Screen
 <input type="checkbox"/> 0151-1 T4
 <input type="checkbox"/> 0380-6 Theophylline
 <input type="checkbox"/> 0153-7 TSH
 <input type="checkbox"/> 0157-8 Uric Acid
 <input type="checkbox"/> 0159-4 Urinalysis
 <input type="checkbox"/> 0160-2 Vit B12 </div> </div> |
|--|---|

BACTERIOLOGY CULTURES

- | | | |
|--|--|---|
| <input type="checkbox"/> 0080-2 Urine Culture (Boricon tube)
<input type="checkbox"/> 0077-8 Stool Culture (SC or Swab)
<input type="checkbox"/> 0103-2 Gram Stain (SC)
<input type="checkbox"/> Biopsy Specimen: _____ | <input type="checkbox"/> 0078-6 Throat Culture (culturette)
<input type="checkbox"/> 0377-2 O&P (SC or O&P Kit)
<input type="checkbox"/> 1002-5 AFB (SC)
<input type="checkbox"/> 0878-9 Stool for WBC (SC)
<input type="checkbox"/> Clinical History: _____ | <input type="checkbox"/> 0341-3 Blood Culture (2 Bactec bottles/aerobic/Anaerobic)
<input type="checkbox"/> 0259-2 C-Diff. Toxin (SC)
<input type="checkbox"/> 0122-2 Occult Blood Stool (SC) |
|--|--|---|

OTHER TEST(S) NOT LISTED ABOVE

- | | |
|---------------------|----------|
| 1. <u>H. Pylori</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

PAP SMEAR

(COMPLETE AND SUBMIT A BIO-REFERENCE CYTOPATHOLOGY REQUISITION ONLY)

SPUTUM CULTURE

FOR AFB (COMPLETE NYC DOH MYCOBACTERIOLOGY REQUISITION ONLY, TN50)

HIV SCREEN

(COMPLETE NYC DOH REQUEST FORM ONLY) (S)

INTERNAL CONTROL (LAB USE ONLY)

L-LAV	CULTURETTE	R-RED	S-SST	GY-GREY	BL-BLUE
GR-GREEN	Y-YELLOW	W-PPT	ROYAL BL	STERILE CUP OTH	VIRAL CUL
O&P	BLD CUL	FS PHOZ SPEC	SLIDE	IMMPREP VAL	FORMALIN JAR
RAND URN (CUP)	24-HOUR URINE	U-URN TUBE	TIMED URINE	BOR-BOROCULT	OCCULT BLU

VOL. _____

LAB ID NO. _____

(BL) - Blue, Citrate (GR) - Green, Heparin (GY) - grey, Pot. Oxalate (L) - Lavender, EDTA (R) - Solid Red Top, Serum (S) - SST Serum, (U) - Urine (W) - White, PPT (Y) - Yellow (SC) - Sterile Container
 1181 RIKERS REV 8/03 NEW (REVISED HIV VIRAL LOAD 2/07)



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

URINE DIPSTICK AND DRUG TESTING

Patient's Last Name Brown	First Name James	NYSID Number 5513644R
Book & Case Number 349-06-20801	DATE 11/22/2006	TIME 12:51 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
TESTED BY:		
PRINT NAME	SIGNATURE	TITLE
RESULTS		REFERENCE RANGE
GLUCOSE	N	NEGATIVE
BILIRUBIN	N	NEGATIVE
KETONES	N	NEGATIVE
SP. GR	NE DIPSTICK AN.	1.003 - 1.030
BLOOD	N	NEGATIVE
PH	5.0	4.5 - 6.0
PROTEIN	N	NEGATIVE
UROBILOGEN	0.2	0.2 - 1.0 EU
NITRITE	N	NEGATIVE
LEU EST	N	NEGATIVE
PREGNANCY TEST	—	NEGATIVE / POSITIVE
<p>THE TOXICOLOGY SCREENING THE FOLLOWING IS FOR SCREENING TEST ONLY POSITIVE RESULTS HAVE NOT BEEN CONFIRMED BY GCMS</p>		
COCAINE	P	NEGATIVE / POSITIVE
METHADONE	N	NEGATIVE / POSITIVE
OPIATES	NE DIPSTICK AN.	NEGATIVE / POSITIVE
BENZODIAZEPINES	N	NEGATIVE / POSITIVE

11/22/2006 12:51:22 PM



Bio-Reference Laboratories
481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407-0621
1-800-229-5227

RIKERS ISLAND DETENTION COMPLEX

GENERAL LABORATORY TESTING REQUISITION

RIKERS ISLAND FACILITIES

- ☐ C0034-8 ARDC (C74) ☐ C0041-3 MHC (C-71)
☒ C0036-3 AMKC (C-95) ☐ C0038-9 NIC
☐ C0046-2 EMTC (C-76) ☐ C0040-5 OBCC
☐ C0035-5 GMDC (C-73) ☐ C0048-8 RMSC
☐ C0047-0 GRVC ☐ C0039-7 West CDU
☐ C0037-1 JATC

AMKC

RR

DETENTION COMPLEXES

- ☐ C0042-1 VCBC
(BRONX)
☐ C0045-4 BBKC
(MANHATTAN)
☐ C0044-7 BDC
(BROOKLYN)
☐ C0043-9 QDC
(QUEENS)

Patient Last Name: BrownFirst: JamesBook/case #: 349-06-20801Date of Birth: 4/27/1968Sex: MDate Collected: 11/22/2006

Comments: _____

Collected By: PridgenOrdering Physician: Richard

PROFILES

- ☐ 8392-3 CHEM 20 (T, PROT, ALB, GLOB, GLU, NA, K, CL, CO2, BUN, CREAT, GGT, CAL, URIC ACID, T, BILI, LDH, ALK, PHOS, ALT, CHOL) (S)
☐ 2280-6 HEPATITIS ABC PROFILE (HepBsAb, HepBsAg, HepBcAb, HepBcAb, HepAAb, w/reflex) (S)
☐ 7402-1 Profile 7 (NA, K CO2, CL, BUN, GLUCOSE, CREAT) (S) ☐ 12342-4 Liver Profile (T, DBIL, AST, LDH, GGT, T, PRO, ALB, ALP, ALT) (S)
☐ 0007-5 Thyroid Profile (T4, T3U, T7, TSH) (S) ☐ 0009-1 LIPID PROFILE (CHOL, TRIG, HDL, LDL) (S)

CLINICAL TEST

- | | | |
|---|---|--|
| <input type="checkbox"/> 0156-0 ABO/RH (R) | <input type="checkbox"/> 0102-4 Glycohemoglobin (L) | <input type="checkbox"/> 0137-0 Protime (INR) (B) |
| <input type="checkbox"/> 0036-4 Amylase (S) | <input type="checkbox"/> 0105-7 Hepatitis A Ab (w/reflex) (S) | <input type="checkbox"/> 0139-6 PTT (B) |
| <input type="checkbox"/> 0050-1 Calcium (S) | <input type="checkbox"/> 0540-5 Hepatitis Be Ab (S) | <input type="checkbox"/> 0141-2 Retic Count (L) |
| <input type="checkbox"/> 0053-9 CBC (L) | <input type="checkbox"/> 0534-7 Hepatitis Be Ag (S) | <input checked="" type="checkbox"/> 0142-0 RPR (S) |
| <input type="checkbox"/> 1763-2 CD4/CD8 (L) (GR) | <input type="checkbox"/> 0107-3 Hepatitis B Surface Ab (S) | <input type="checkbox"/> 0086-9 Sed Rate (L) |
| <input type="checkbox"/> 3800-0 Chlam/GC Probe Tec (Swab) | <input type="checkbox"/> 0106-5 Hepatitis B Surface Ag (S) | <input type="checkbox"/> 0366-5 Sickle Screen (L) |
| <input type="checkbox"/> 2661-7 Chlamidia/GC Urine (SC) | <input type="checkbox"/> 0108-1 Hepatitis B Core Ab (S) | <input type="checkbox"/> 0151-1 T4 (S) |
| <input type="checkbox"/> 0058-8 Cholesterol (S) | <input type="checkbox"/> 0812-8 Hepatitis C Ab (S) | <input type="checkbox"/> 0380-6 Theophylline (R) |
| <input type="checkbox"/> 7414-6 CK+CKMB (S) | <input type="checkbox"/> 0114-9 Iron (S) | <input type="checkbox"/> 0153-7 TSH (S) |
| <input type="checkbox"/> 0083-6 Digoxin (R) | <input type="checkbox"/> 0521-5 Lipase (S) | <input type="checkbox"/> 0157-8 Uric Acid (S) |
| <input type="checkbox"/> 0084-4 Dilantin (R) | <input type="checkbox"/> 0119-8 Lithium (R) | <input type="checkbox"/> 0159-4 Urinalysis (U) |
| <input type="checkbox"/> 0088-5 Ferritin (S) | <input type="checkbox"/> 0120-6 Magnesium (S) | <input type="checkbox"/> 0160-2 Vn B12 (S) |
| <input type="checkbox"/> 0090-1 Folate (S) | <input type="checkbox"/> 0289-9 Phenobarbital (R) | |
| <input type="checkbox"/> 0095-0 Glucose (GY) | <input type="checkbox"/> 0327-7 Pregnancy (Serum) (S) | |
| | <input type="checkbox"/> 0133-9 Pregnancy (Urine) (U) | |

BACTERIOLOGY CULTURES

- ☐ 0080-2 Urine Culture (Bacon tube) ☐ 0078-6 Throat Culture (culturette) ☐ 0341-8 Blood Culture (2 Bactec bottles/aerobic/Anaerobic) ☐ 0082-8 Wound Culture (culturette)

STOOL ANALYSIS

- ☐ 0077-8 Stool Culture (SC or Swab) ☐ 0377-2 O&P (SC or O&P Kit) ☐ 0259-2 C-Diff Toxin (SC)
☐ 0103-2 Gram Stain (SC) ☐ 1002-5 AFB (SC) ☐ 0878-9 Stool for WBC (SC) ☐ 0122-2 Occult Blood Stool (SC)
☐ Biopsy Specimen: _____ Clinical History: _____

OTHER TEST(S) NOT LISTED ABOVE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PAP SMEAR

(COMPLETE AND SUBMIT A BIO-REFERENCE CYTOPATHOLOGY REQUISITION ONLY)

VIRAL LOAD

RNA QUANT. PCR (COMPLETE AND SUBMIT A QUEST REQUISITION ONLY) (W)

SPUTUM CULTURE

FOR AFB (COMPLETE NYC DOH MYCOBACTERIOLOGY REQUISITION ONLY, TNS0)

HIV SCREEN

(COMPLETE NYC DOH REQUEST FORM ONLY) (S)

INTERNAL CONTROL (LAB USE ONLY)

<input type="checkbox"/> I-TAV	<input type="checkbox"/> CULTURETTE	<input type="checkbox"/> R-HED	<input type="checkbox"/> S-SST	<input type="checkbox"/> GY-GREY	<input type="checkbox"/> BL-BLUL
<input type="checkbox"/> GR-GREEN	<input type="checkbox"/> Y-YELLOW	<input type="checkbox"/> W-PPT	<input type="checkbox"/> RO-ROYAL BL	<input type="checkbox"/> ST-STERILE CUP	<input type="checkbox"/> VIRAL CUL
<input type="checkbox"/> O&P	<input type="checkbox"/> RED. CUL	<input type="checkbox"/> FS-FROZ SPEC	<input type="checkbox"/> SLIDE	<input type="checkbox"/> IMPREPREP VAL	<input type="checkbox"/> FORMALIN JAR
<input type="checkbox"/> HAND URN (CUP)	<input type="checkbox"/> 24-HOUR URINE	<input type="checkbox"/> U-URN TUBE	<input type="checkbox"/> TIMED URINE	<input type="checkbox"/> BOH-BORICULT	<input type="checkbox"/> OCCULT BLD

VOL: _____

LAB ID. NO. _____

(BL) = Blue, Citrate (GR) = Green, Heparin (GY) = grey, Pot. Oxalate (L) = Lavender, EDTA (R) = Solid Red, Top. Serum (S) = SST Serum, (U) = Urine (W) = White, PPT (Y) = Yellow (SC) = Sterile Container
 181 RIKERS REV 8/01 NEW

11/22/2006 12:54:25 PM

BY GRAHAM RAYMAN

When his cell door abruptly opened just before 11 p.m. on April 16, Camillo Douglas knew he was in trouble.

Moments later, five Bloods gang members burst into the cell at the Robert N. Davoren Center on Rikers Island, beat him with broomsticks and fists, and stabbed him with a metal shank. He suffered a two-inch gash on his scalp, a badly bruised lower back, and other cuts. His T-shirt was soaked with his own blood.

Then the rest of the cell doors opened, a free-for-all quickly ensued, and another inmate was beaten by Douglas's attackers.

The Bloods were carrying broomsticks because they were members of a cleaning crew—known in Rikers lingo as a “house gang.” Douglas’s attackers somehow got the correction officers to open his cell door, even though all of the other inmates were already locked into their cells.

“What doesn’t make sense to me is how they got into his cell at a time when all the inmates should have been locked in,” says his lawyer, Julia Kuan.

In many ways, America’s largest jail system—custodian to some 13,900 inmates on an island in the East River—is actually a distant place to most New Yorkers. Ten jails are located on Rikers, a dollop of land connected to the Steinway section of Queens by a bridge that is accessible only by special pass.

For most New Yorkers, Rikers carries deep associations with violent jail culture. But city Correction Department officials insist that such notions are out of date. They point out that since the early ‘90s, when

Above: Andrew Lichtenstein; inset: Willie Davis/Voros



D SAW

Rikers officers encourage gang violence: surprising testimony and the stats to back it up

Jail Guard from p. 23

violent-crime levels were at an all-time high, stabbings and slashings in particular have drastically declined.

In April, for example, the current commissioner, Martin Horn, told the city Board of Correction that there had been over 1,000 such assaults in 1995, but only 37 in fiscal 2006.

"In New York City, the men and women of the Department of Correction have done a remarkable job making the jails safer," Horn told the BOC.

Horn is particularly sensitive to questions about violence at Rikers because he is in the middle of a push to rewrite the rules governing inmate care in the jails. Those rules, known as the Minimum Standards, have remained largely

unchanged over the past 30 years. Through the Board of Correction, a tiny oversight agency, Horn has proposed some two dozen changes, including increasing the maximum number of inmates in dorm settings and eliminating a rule that requires him to obtain a warrant to read inmates' mail and listen to inmates' telephone calls.

On April 17, Horn told the board that the changes are necessary to "maintain safety and security."

The current rules "shackle us in our attempt to run safe jails in ways no other jail in the State of New York is restrained," he said.

Some two dozen inmate-advocacy groups and civil rights organizations oppose those changes. Critics argue that they are unfairly restrictive and do nothing to benefit inmates.

(Last month, the Board of Correction agreed to put off a decision on the changes until the fall.)

At the center of Horn's appeal to change the way the jails work is his message that today, things are calmer and less violent on Rikers Island.

But the Douglas case and other incidents examined by the *Voice* seem to present a different reality than that serene image.

Buried in court records are instances of near-fatal injuries, allegations of excessive force, claims of staff complicity in inmate beatings, and even the story of a correction officer fired after he reported corruption.

In the past few years, the city has been forced to pay millions to dozens of inmates who were seriously injured in the jails. The Correction Department has been obliged to rewrite its use-of-force policy, install video cameras, and create a whole new manual for investigating misconduct.

And at a time when the jail population is stable and well below capacity, and when the city is arguing that the environment at Rikers is placid enough that certain standards should be changed, a *Voice* review of jail statistics shows that violence actually rose in 2006 compared to the previous year.

Class A uses of force—defined as encounters between correction officers and inmates that led to multiple contusions, lacerations, broken bones, or internal injuries—nearly doubled, from 66 to 113.

Class A uses of force—defined as encounters between correction officers and inmates that led to multiple contusions, lacerations, broken bones, or internal injuries—nearly doubled, from 66 to 113.

• The number of use-of-force injuries jumped by 50 percent—from 1,079 to 1,565. The number of instances in which inmates alleged that correction officers caused their injuries also rose—from 314 to 384.

• The number of inmates who were treated for injuries caused during encounters with staff also increased—from 1,437 to 2,033.

• The number of staffers treated following inmate encounters increased, from 861 to 948.

• The number of inmate weapons found in searches also rose, from 1,830 to 2,174.

• The number of violent incidents between inmates remained over 8,000 for the third year in a row.

• The number of stabbings and slashings showed a modest increase, from 35 to 44.

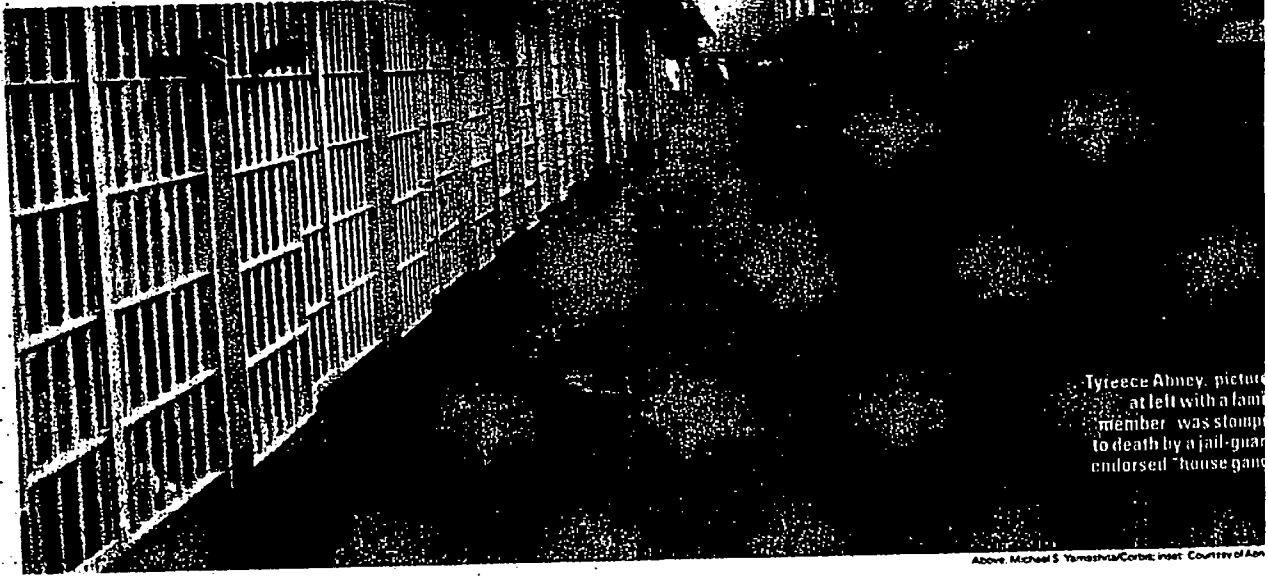
• The annual amount paid by the city to settle lawsuits rose in each of the past two years: from \$8 million to \$14.2 million, city comptroller records show.

And in May, for the first time in memory, two men died in the jails in one month following the use of force by correction officers. On victim, postal worker Oswald Livermore, died in the Manhattan Tombs, and the second, Jerome Kelly, died in the Bellevue prison ward (see "Deadly Restraint," May 30).

More than a month later, the city medical examiner has yet to issue a cause of death in either case, but the deaths are the subject of separate investigations by the Manhattan District Attorney's office and the Correction Department's inspector general.

In his own written analysis of jail statistics, John Boston, a lawyer with the Legal Action Society's Prisoners' Rights Project, found that inmate fights and assaults, uses of force, and inmate injuries from uses of force have all increased. He also reported that stabbings and slashings are up in fiscal 2007.

BURIED IN COURT RECORDS ARE CLAIMS OF STAFF COMPLICITY IN INMATE BEATINGS AND THE STORY OF A CORRECTION OFFICER FIRED AFTER HE REPORTED CORRUPTION.



Tyreece Ahney, pictured at left with a family member, was stomped to death by a jail-guard endorsed "house game."

Above: Michael S. Yamashita/Corbis; inset: Courtesy of ACP

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Jail Guard from p24

"Stabbings and slashings are only a small slice of violence in the jails, and their relatively low frequency says more about the department's efforts to find and remove weapons than about the overall rate of violence and tension in the jails," Boston wrote.

"By reasonable measures, the jails are getting more violent despite efforts to control violence," he added.

Within the Correction Department, the talk often turns to the bad old days of the early 1990s, when the jails were bursting at the seams and crime was skyrocketing.

"What's going on now pales in comparison to the late 1980s and early 1990s in terms of violence," says Sidney Schwartzbaum, president of the Assistant Deputy Wardens/Deputy Wardens Association. "I remember periods where we had 50 to 60 slashings in one month in just one facility."

City Correction Commissioner Martin Horn denies that violence is increasing and says that he views inmate safety as the most important aspect of his job. "We believe that an inmate should be treated as if they were one of our own children."

But a veteran DOC supervisor says the 2006 increase is still troubling. "It's indicative of less control on the part of DOC staff," the supervisor says. "When inmates make more weapons, it means they don't feel safe. When officers use force more, it means they don't feel safe."

Last January, a former correction officer named Roger Cullen sat down and gave an astonishing sworn deposition in a lawsuit over a little-known May 2003 inmate assault at the Anna M. Kross Center on Rikers.

Cullen was the "bubble" officer—working in an enclosed security room overlooking the mental-observation ward—when Kirk Fisher walked up to fellow inmate Donald Jackson and punched him once in the head.

Jackson dropped like a stone. His head struck a piece of metal sticking out of the floor. He developed a blood clot in his brain, and would have died had it not been for an operation he received at the Elmhurst Hospital Center.

Fisher was sentenced to state prison for the assault. The Correction Department's investigation concluded at the time that the fight was over stolen cookies and found "no misconduct or wrongdoing" by staff.

But Cullen, whose deposition was obtained by the Voice, testified that Fisher had essentially been deputized as an enforcer by correction officers to control the other inmates—a violation of DOC rules. Fisher told them when to shower, when to lock in, and when to clean their cells.

"It was like he was in charge," Cullen said.

"Any officer knows you're not supposed to do that—it's wrong," he added.

Cullen also testified that another guard was off his post, talking with a female officer, when the assault took place. That officer made a false entry in a logbook and then asked Cullen to write a report that claimed Jackson had slipped and fallen in the shower, Cullen said.

"I told him, 'I'm not going to do that,'" Cullen added.

Cullen testified that in the months after the Jackson incident, he made a series of corruption allegations to DOC officials and the Department of Investigation, but nothing was done. Among his claims, Cullen discussed a practice called "write with us" in which correction officers conspired to make false reports on incidents involving inmates.

"It's just lies, coordinated lies," he said.

Cullen also testified that correction officers felt it was easier to mistreat inmates in the mental-observation unit because no one would believe them.

"They will say, 'Oh, he's crazy' and dismiss it, and the officer gets away with abuse," he said.

Cullen said that he made the complaint because "I was in a state of shock. This is the Department of Correction. What is this stuff going on? Isn't somebody watching these people? Why are you letting them do this and still have a job?"

Records obtained by the Voice indicate that Cullen first made written allegations of corruption at the Anna M. Kross Center a few months after the Jackson incident. But no one investigated those allegations for more than a year, and by then Cullen had been fired.

In September 2003, records show, Cullen sent a letter to the DOC's Investigation Division laden with specific misconduct allegations against several officers, including the officers in the Jackson case.

Cullen's letter named five officers and alleged that they were involved in misconduct ranging from using excessive force to lying, to falsifying reports, to paying inmates with cigarettes to beat up other inmates. Cullen also named six inmates who had been beaten up by the officers. But the final DOC report on the Jackson incident contained no mention of his allegations.

In fact, records reviewed by the Voice indicate that the substance of that letter was never investigated.

Months later, on May 28, 2004, Cullen sent another letter to Valerie Oliver, the warden of the Anna M. Kross Center. In that letter, he alleged in part that he was being harassed by a other correction officer "because I would not be a partner in corruption and cover-ups."

It was only in June 2004, following Cullen's second letter, that the Investigation Division started a limited examination of his claims—

CULLEN TESTIFIED THAT CORRECTION OFFICERS FELT IT WAS EASIER TO MISTREAT INMATES IN THE MENTAL-OBSERVATION UNIT BECAUSE NO ONE WOULD BELIEVE THEM.

only after the DOC inspector general's office declined to look into them.

At the same time, after two years as a rection officer, Cullen was coming to the end of his probationary period. In his final evaluation on May 3, five supervisors recommended he continue to be employed by the department records show.

AMKC warden Valerie Oliver initially recommended that Cullen continue on the job according to the records. But then she reversed her decision and recommended his firing on excessive tardiness. The precise date she reversed her decision is unknown.

Soon after that, the DOC personnel voted to fire Cullen, and Commissioner signed off on it. Cullen's last day of work was June 24, 2004—three weeks after his last Warden Oliver.

Cullen had been late 10 times in two records show. He had not missed a single work and had even earned a commendation for perfect attendance from—ironically—en Warden Oliver. He also did not have a

use-of-force case against him.

Meanwhile, the internal investigation—such as it was—continued.

On January 11, 2007, Cullen wrote the investigator a third letter, this time specifically mentioning the Jackson case. He repeated the allegation that an officer had been away from his post talking to a female officer and had then tried to convince him to report that Jackson slipped and fell. Cullen also made misconduct claims against two DOC captains for the excessive use of force.

The investigator noted in his final report that Cullen gave "credible" testimony. He also wrote that it was "questionable that Mr. Cullen was terminated amidst an open, unresolved [investigation]."

Despite the detail in Cullen's letters and statements, however, the investigator did just three interviews in nine months before closing the case as "unsubstantiated" in February 2005.

Cullen filed legal papers to get his job back, but he lost in court, mainly because as a probationary officer, he had no job protection.

"I tried to do the right thing," he wrote in a letter to the judge. "And now I've lost medical care. I'm about to lose my house, I have no money. Every day is a struggle to eat."

In the January 2007 deposition, Cullen discussed his letters. "Nothing was done," he said.

"I made reports to the Department of Investigation against their corruption, and they fired me to keep me quiet and to punish me," Cullen testified.

In an interview Monday, Cullen told the Voice that his house is in foreclosure, and that he hasn't been able to find work in the three years since his termination by the Correction Department. He tried to go back to work as a school safety officer (a job he'd previously held for 18 years), but his application was rejected. He does odd jobs for friends to make ends meet.

"I had planned to retire in that job, and they took my rug out from under me," says Cullen, now 49. Despite his ordeal, he said he would do the same thing again today. "My mother raised me to be fair and honest, no matter what hardship. Who gives them the right to go to a cell and beat up an inmate? That could be my son or your son."

For his part, Commissioner Horn defends his handling of Cullen's case. He says Cullen's termination and the investigation took place on two separate tracks. "What came to me was excessive lateness," Horn says. "I categorically reject any inference his termination was related [to the letters]."

In February—long after he had been sent to prison—Fisher gave his own sworn account of the event, in which he claimed that a correction officer told him to assault Jackson.

"[He] pulled me to the side and explained to me that Jackson was running around and stealing," Fisher said, adding that the correction officer told him: "Before you do anything, I'm going to go to the other side and [then] do what you got to do."

Fisher also testified that he had been deputized by correction officers to run the unit.

"I was the house captain, and it was my job to enforce certain rules," he said. "Anybody that acted up in the house, it was my job to put them in line."

Fisher testified that the stolen-cookie explanation was false. "It was a lie to gas myself up to hit the dude," he said.

Explaining why he was feared by other inmates, the diminutive Fisher said, "I hit on impulse and ran around with a stick in my hands."

In their depositions, the officers named by Cullen and Fisher denied any wrongdoing. One of those officers had 13 previous use-of-force

complaints, and the other had been arrested three times and was fired in 2006 for possession of a machine pistol whose serial number had been filed off, records show.

In March, shortly after the Cullen and Fisher depositions, the city agreed to pay \$500,000 to settle the lawsuit, but not a single correction officer was disciplined.

The Jackson and Douglas cases only illustrate a broader problem in the jails. According to court records and a law enforcement source, gang members often find their way into unit cleaning crews, where they are able to obtain extra privileges and more authority over other inmates.

"It's a pretty big problem," the law enforcement official says.

"The inmates tell us it's a really common set-up," says Andrew Stoll, a Brooklyn lawyer who represented Jackson. "In a lot of the houses, the correction officers use the house gang as enforcers and pay them with cigarettes and extra commissary."

In a wide-ranging interview on Monday, Commissioner Horn acknowledged that there had been an increase in some indicators in 2006, but attributed it to a crackdown on illegal drugs and an increase in the use of pepper spray to break up fights. He said that it was "grossly unfair" to suggest that violence is increasing.

"You can't make a judgment [based] on one period of time, which might be a blip or an aberration," Horn says. "Over the long term, the level of violence is coming down."

Horn provided the Voice with statistics showing that some of the indicators that rose in 2006 fell again in the first half of 2007. The DOC is on track, figures show, for just 22 stabbings and slashings this year—the lowest number on record. There were also fewer inmate-on-inmate injury reports in fiscal 2007 than in fiscal 2006.

On the other hand, instances of the use of force remain up, and serious injuries to inmates—a statistical category Horn created—remain about the same as in 2006 and are up compared to 2005.

Horn showed page after page of statistics which he said demonstrate that his administration has made a priority of tracking violent incidents, identifying the causes, and preventing them from happening again.

Under Horn, a small group of the most dangerous inmates have been separated from the jail population and placed in a separate high-security area. He has also tried to control the number of state prisoners transferred to Rikers for court dates and other reasons. And he's improved security-classification system that tries to protect the majority of the population from the more dangerous offenders. Horn eventually would like to transfer up to 4,000 inmates from Rikers to a renovated jail in Brooklyn and a new facility in the Bronx, because he says the island is the wrong place to house inmates.

Horn pointed out that there hasn't been a murder in the jails in two years (though, as mentioned earlier, two recent deaths are under investigation). There were just two suicides last year, and no escapes. "If it was so bad, they would be killing each other, they would be killing themselves, and there would be escapes," he says. "This is a safe jail system."

Even so, each year, inmates file about 1,300 claims against the city. Over the past five years, the city has paid out \$61.7 million to settle Correction Department lawsuits, records show.

No doubt, New York is a litigious city, and inmates are a litigious bunch. Sometimes their allegations strain credulity, like the man who recently claimed that an officer put a gun to his head, even though officers don't

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Jail Guard from p27

WHEN INMATES MAKE MORE WEAPONS, IT MEANS THEY DON'T FEEL SAFE. WHEN OFFICERS USE FORCE MORE, IT MEANS THEY DON'T FEEL SAFE.

characterized by daily fights, power struggles, and intimidation," from resented, adding that one youth described the environment as "battle camp for kids."

From says he draws from a group of 158 newly budgeted correction officers to help maintain safety in the adolescent housing areas. "There's no indication that the adolescent areas are any rougher than the adult housing areas," he says.

Crushawn Campbell, meanwhile, claims that he suffered a broken jaw, fractured nose, and fractured cheekbone when two inmates assaulted him on February 6 at the Vernon C. Bain Center. The attack began in a bathroom and spilled into the dorm area, Campbell

Young people describe an atmosphere areas—the same as in adult housing. ficer per 50 inmates in the teenage dormitory one factor in the violence is the ratio of one of- fers of the Juvenile Justice Project said that In recent City Council testimony, DeAvery investigation. cases, saying that both were currently under to comment on both the Desuze and Marsden The Department of Correction declined ing," his complaint states. ears, busted lip... Officer stood there watch- ing, saying that both were currently under to comment on both the Desuze and Marsden The Department of Correction declined ing," his complaint states. ears, busted lip... Officer stood there watch- ing, saying that both were currently under to comment on both the Desuze and Marsden The Department of Correction declined ing," his complaint states. ears, busted lip... Officer stood there watch-

cally removed."

The DOC declined to comment on both the Campbell and Brown cases.

The Brown claim is one of a number of lawsuits alleging excessive force by officers. Among them, 10 inmates are suing for \$240 million, alleging that two dozen correction officers rammed through their dorm in October 2005.

The incident was sparked when an inmate punched an officer. In the ensuing free-for-all, a number of inmates were allegedly beaten while officers shouted, "Whose house is this? Our house!"

A video camera captured about one minute of the chaos; then an officer turned off the camera for the next 30 minutes.

A couple of officers have been charged, but the vast majority were not disciplined.

Lamont Major, meanwhile, is suing for \$1 million after he was allegedly punched by a correction officer in May 2006 at the George R. Verno Center and wound up in the hospital.

In recent years, the city has settled six other excessive-force cases for a total of \$1.8 million, for injuries such as a broken jaw (\$195,000), a collapsed lung (\$255,000), and brain damage (\$590,000).

At the end of 2005, the city settled the *Ingles v. 700* class-action lawsuit brought by the Prisoners' Rights Project.

The case, involving 22 inmates injured by officers, was the fourth class-action lawsuit involving excessive force brought against the DOC.

Two experts hired by the *Ingles* plaintiffs reviewed thousands of use-of-force and injury reports and concluded that correction officers routinely used excessive force to inflict pain rather than to restrain and control inmates.

The experts also concluded that the DOC's internal investigation process was deeply flawed. Under the settlement, the city agreed—without admitting liability—to pay \$3.6 million (of which \$1.4 million went to the lawyers representing the inmates), rewrite the use-of-force policy, and install video cameras throughout the jails.

Horn says the video cameras have been useful in determining what happened in encounters between officers and inmates. "They seem to verify the officer's account many times," he says. Horn is careful to stress that the settlement carried no admission of liability. "By settling, the plaintiffs acknowledged there was no 'pattern or practice' violation."

In addition, the city agreed to write a brand-new manual for internal investigations. Robert Silberman, a former Special Narcotics Prosecutor, was hired to lead that effort. Silberman says that a draft version of the manual is complete, and that the process may be finished within the next month.

In the *Ingles* case, over 100 correction officers and supervisors were named in the complaint, but just four faced disciplinary charges, and only two were actually fired—the other two got their jobs back.

The vast majority of the officers were not disciplined, including one officer whose kick we believe ruptured an inmate's eyeball," says Jonathan Chasan, a lead lawyer in the case.

But Horn says that internal reviews found there was no wrongdoing in most cases. "We considered the use of force, and concluded that in the vast majority [of cases], it was appropriate and defensible," he says. "We made the cases that we could make."

Overall, he said, correction officers are much better at using limited force to restrain an inmate when necessary.

In the year since the *Ingles* settlement, 100 arguments with one of the correction officers

more inmates have complained about excessive force, many of them with serious injuries that have been documented, Chasan says. Reported injuries in the past year included broken eye orbitals, broken teeth, broken noses, and head trauma.

A newly emerging related trend, according to Chasan, involves correction officers allowing or encouraging the beating of one inmate by another. "We are seeing an increasing number of complaints of inmate-on-inmate violence with illegal staff complicity," he says.

Last fall, according to Manhattan lawyer Joel Berger, a correction officer in the George Motchan Detention Center allegedly encouraged one inmate to severely assault a second inmate. Berger is representing the victim of the assault.

"Annoyed that the inmate was on the phone too long, the guard opened a gate and handed a broomstick to the [second] inmate and essentially said, 'Go take care of business,'" Berger says. "It was a very deliberate act on part of the officer." The victim, whose name is being withheld by the Voice at Berger's request, sustained a broken nose, stitches over one eye, and blurred vision.

According to Berger, the Department of Investigation and the DOC are aware of the allegations, but eight months later have yet to interview two eyewitnesses. The Department of Investigation, Berger says, has passed the case back to the DOC.

"I've handled two or three of these kinds of cases, and in the past there has been a full investigation," Berger says. "In this case, I don't get that sense at all. It appears that there's a total lack of interest."

Both the Department of Investigation and the DOC declined to comment on the matter.

Last March, in another "house gang" case, a Bronx jury convicted a Bloods leader in the stomping death of 21-year-old Tyreese Abney at the George Motchan Detention Center in October 2004.

During the investigation into his death, authorities learned that one of Abney's assailants

'I MADE REPORTS TO THE DEPARTMENT OF INVESTIGATION AGAINST THEIR CORRUPTION, AND THEY FIRED ME TO KEEP ME QUIET.'

had been receiving extra phone and mail privileges from a correction officer, who was also mailing coded messages for him, a law enforcement source says.

Abney, 21, of the Bronx, was sent to Rikers on a minor drug charge. He was mentally retarded, on anti-depressant and anti-psychotic drugs, and had a record of poor behavior in the jails. Three weeks earlier, he had been moved out of a mental-observation ward and into the general population.

According to Susan Kartens, a Manhattan lawyer representing the Abney family, Abney told his sister Yvonda that he had been moved abruptly after he said something to offend a guard. He was then moved a number of other times before he wound up in the unit where he was killed. "No expert looked at him and said he was fit to move into general population," Kartens says.

On the day he died, Abney had a loud

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NOTICE OF 50-H HEARING

015/274

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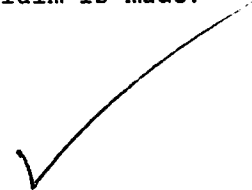
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RE: Claimant Name: JAMES BROWN 3490620801
Claim Number: 2007PI015801

Dear Sir / Madam:

Please take notice that, pursuant to Section 50-h of the General Municipal Law (GML), claimant is mandated by law to appear at the following location, at the date and time specified below, to be orally examined under oath relative to the occurrence and extent of injuries for which the above claim is made:

Date of Hearing: 9/28/2007
Time of Hearing: 03:00PM
Location of Hearing: WILSON, ELSEY, ET AL II
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The claimant should be accompanied by his or her attorney and all infant claimants must appear. Claimant is further mandated, pursuant to Section 93(d) of the New York City Charter and Section 50-h of the GML, to present him/herself for a physical examination at a date and location to be provided under separate cover.

Please note that, two days prior to the hearing, you will be called by the law office above to confirm the date and time of the hearing. At that time you can request a language interpreter for your client, if necessary. If you confirm the hearing date at that time and you subsequently fail to appear for the hearing, you will be charged for any legal fee, interpreter fee and stenographic fee that the City incurs.

Claimant will be permitted only one adjournment without cause. Application for such adjournment should be made at least one week prior to the hearing date, in writing, by phone (212)669-4748 or by facsimile (212)669-8811, between 9am and 4pm, to the Comptroller's Office, at the numbers indicated. Any additional adjournment must be requested, in writing or by facsimile, to the Comptroller's Office; it will be granted for good cause only and only if the hearing can be held prior to claimant's commencement of an action.

If a claimant fails to appear for a scheduled hearing, a default will be declared and claimant's failure to appear will be raised as an affirmative defense in any lawsuit filed.



THE CITY OF NEW YORK OFFICE OF THE COMPTROLLER

1 CENTRE STREET, NEW YORK, N.Y. 10007-2341

WILLIAM C. THOMPSON, JR. - COMPTROLLER

9/5/2007

NOTICE OF 50-H HEARING

015/274

You are requested to bring to the hearing copies of all documents relevant to this claim, including, but not limited to

- (1) Photographs of accident scene;
- (2) a prior written notice map;
- (3) copies of all medical and hospital records;
- (4) authorizations for the Comptroller's Office to obtain medical records;
- (5) authorizations for the Comptroller's Office to obtain employment records, loss of income documentation, and school records;
- (6) police reports.

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Sincerely,

Marilyn Bodner
Director, Contract Services
Bureau of Law and Adjustment

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IN THE MATTER OF THE CLAIM OF

JAMES BROWN
against

STIPULATION
Claim#: **2007PI615801**

THE CITY OF NEW YORK
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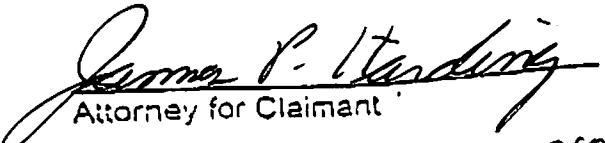
IT IS HEREBY STIPULATED AND AGREED by the attorney for the above-named claimant(s) and the Comptroller of the City of New York that:

- 1) The examination pursuant to General Municipal Law 50-H of the above named claimant(s) currently scheduled for 9-28-07 is hereby adjourned at the claimant's request. In particular, the claimant alleges that he/she is unable to attend the hearing due to INCARCERATED
- 2) Claimant shall be responsible for notifying the City of New York as soon as claimant is available to appear and give testimony at said hearing. The hearing shall be rescheduled for the earliest possible date available to the City of New York.
- 3) Claimant may commence an action against the City of New York on the above claim within the applicable statute of limitations prior to the City of New York conducting an oral or physical examination of claimant pursuant to GML 50-H.
- 4) If claimant commences an action against the City of New York and/or any of its agents, servants or employees, issue shall not be joined and the defendant(s) time to serve an Answer shall extend until 30 days after the completion of the 50-H.
- 5) All disclosure with regard to the above-referenced claim shall be stayed until the examination of the claimant pursuant to GML 50-H is completed and issue is joined.
- 6) Nothing herein shall be construed as a waiver of the City of New York's rights pursuant to GML 50-H.

Dated: New York, New York

10/18/07

BY: _____


Attorney for Claimant

HARDING + MOORE, P.S.C.
Firm

CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF NEW YORK

Page 1 of 1

THE PEOPLE OF THE STATE OF NEW YORK
-against-

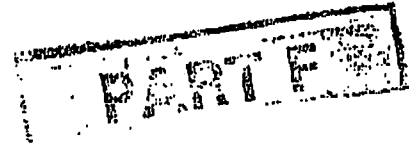
1. James Brown (M 38)



704340

Defendant.

FELONY
ADA LEET
335-3538



Detective Edward Lawson, shield 06442 of the Midtown North Detective Squad, states as follows:

At the times and places described below in the County and State of New York, the defendant committed the offenses of:

1. PL160.15(3) Robbery in the First Degree
(2 counts)

B. VIOLENT

the defendant forcibly stole property and in the course of the commission of the crime and immediate flight therefrom the defendant or another participant in the crime used and threatened the immediate use a dangerous instrument.

The offenses were committed under the following circumstances:

The deponent is informed by Det. Erik Brzostok, Shield No. 5342, of the Mid-Town South Detective Squad that the informant spoke with a person whose identity is known to the District Attorney's Office, that said individual informed the informant that on September 3, 2006 inside of 500 8th Avenue, Manhattan, said person whose identity is known to the District Attorney's Office was approached by the defendant, that the defendant threatened to stick said person whose identity is known to the District Attorney's Office with a syringe, and that the defendant did take a cell phone and Two Hundred and Seventy-one Dollars without said person's, whose identity is known to the District Attorney's Office, permission.

COUNT 2 The deponent states that the deponent is informed by a person whose identity is known to the District Attorney's Office, that on September 23, 2006 in front of 425 West 45th Street, Manhattan, the defendant approached the informant and asked for money, the informant refused and the defendant pulled out a syringe, threatened to stick the informant with said syringe if the informant did not hand over the informant's belongings, that the informant handed over a cell phone, an IPOD, a New York State Identity Card, and a Credit Card, and that the defendant did not have permission or authority to take the aforementioned items.

False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the penal law.

Det. Lawson *SH# 6442*
Deponent

11/20/2006
Date and Time

ACT 5 Version 4.2.0 Created on 11/20/06 9:16 PM

NO ONE HERE
Very odd
13ADLM
11/20/2006

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

THE PEOPLE OF THE STATE OF NEW YORK

-against-

JAMES BROWN,

Defendant.

THE GRAND JURY OF THE COUNTY OF NEW YORK, by this indictment, accuse the defendant of the crime of **ROBBERY IN THE FIRST DEGREE**, in violation of Penal Law §160.15(3), committed as follows:

The defendant, in the County of New York, on or about September 3, 2006, forcibly stole property from person known to the Grand Jury, and in the course of the commission of the crime and in the immediate flight therefrom, he used and threatened the immediate use of a dangerous instrument, to wit, a hypodermic needle.

ROBERT M. MORGENTHAU
District Attorney

GJ #2

Filed:

WAIVED

2006NY079825

No.

THE PEOPLE OF THE STATE OF NEW YORK

-against-

JAMES BROWN,

Defendant.

INDICTMENT

ROBBERY IN THE FIRST DEGREE, P.L. §160.15(3),

ROBERT M. MORGENTHAU, District Attorney

A True Bill

Scott P. Leet
Trial Bureau 30

Foreman

ADJOURNED TO PART 60 ON 12/29/2006

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

THE PEOPLE OF THE STATE OF NEW YORK

-against-

JAMES BROWN,

Defendant.

PEOPLE'S VOLUNTARY
DISCLOSURE FORM

Docket No. 2006NY079825

The People of the State of New York hereby voluntarily disclose to the defendant the following factual information pertaining to the above-captioned case:

A. **BILL OF PARTICULARS**

1. **OCCURRENCE**

Date: September 3, 2006
App. Time: 7:00PM
Place: i/o 500 East 8th Avenue

2. **ARREST**

Date: November 20, 2006
App. Time: 17:00
Place: 357 West 35th Street

B. **NOTICES**

1. **STATEMENTS**

☐ If checked, notice is hereby served, pursuant to CPL §710.30(1)(a), that the People intend to offer at trial evidence of a statement made by defendant to a public servant. *(Where a statement has been video taped, counsel should contact the assigned Assistant District Attorney to arrange a mutually convenient time for viewing the tape or should provide a blank tape for copying.)*

2. IDENTIFICATION

☒ If checked, notice is hereby served, pursuant to CPL §710.30(1)(b), that the People intend to offer at trial testimony regarding an observation of defendant either at the time or place of the commission of the offense or upon some other occasion relevant to the indictment, to be given by a witness who has previously identified defendant.

Identification #: 1
Type of ID: Line-up
Date: November 20, 2006
Approximate Time: 16:40
Location: i/o 357 West 35th Street
Number of Identifying Witnesses: 1

C. DISCOVERY

1. ADDITIONAL STATEMENTS

☐ If checked, the People hereby disclose written, oral or recorded statements of a defendant or of a co-defendant to be jointly tried, made, other than in the course of the criminal transaction, to a public servant engaged in law enforcement activity or to a person then acting under his direction or in cooperation with him, and which statements are not given in section B(1) above. C.P.L. §240.20(1)(a).

2. GRAND JURY TESTIMONY

☐ If checked, defendant or a co-defendant to be tried jointly testified before the Grand Jury relating to this criminal action. C.P.L. §240.20(1)(b). *Such testimony is available upon payment of a stenographic fee.*

3. SCIENTIFIC AND MEDICAL REPORTS

☐ If checked, the People hereby disclose written reports or documents or portions thereof, concerning a physical or mental examination or scientific test or experiment, relating to this criminal action, which were made by, or at the request or direction of a public servant engaged in law enforcement, or by a person whom the People intend to call as a witness of a trial, or which the People intend to introduce at trial. C.P.L. §240.20(1)(c).

4. PHOTOGRAPHS AND DRAWINGS

☒ If checked, there exists photographs or drawings relating to this criminal action which were made or completed by a public servant engaged in law enforcement, or which were made by a person whom the People intend to call as a witness at trial, or which the People intend to introduce at trial. C.P.L. §240.20(1)(d). *(Counsel should contact the assigned Assistant District Attorney to arrange a mutually convenient time to examine this material.)*

5. INSPECTION OF PROPERTY

☐ If checked, there exist photographs, photocopies or other reproductions made by or at the direction of a police officer, peace officer or prosecutor of property prior to its release pursuant to the provisions of Penal Law Section 450.10, irrespective of whether the People intend to introduce at trial the property or the photograph, photocopy or other reproduction. C.P.L. §240.20(1)(e). *(Counsel should contact the assigned Assistant District Attorney to arrange a mutually convenient time to examine this property.)*

6. OTHER PROPERTY

☐ If checked, there exists other property obtained from the defendant, or a co-defendant to be tried jointly, C.P.L. §240.20(1)(f), or from another source. *(Counsel should contact the assigned Assistant District Attorney to arrange a mutually convenient time to examine this property.)*

7. TAPES AND ELECTRONIC RECORDINGS

☐ If checked, there exist tapes or other electronic recordings which the People intend to introduce at trial, irrespective of whether such recording was made during the course of the criminal transaction. C.P.L. §240.20(1)(g). *(Counsel should contact the assigned Assistant District Attorney to arrange a mutually convenient time to listen to the tapes or provide a blank tape for copying.)*

8. BRADY MATERIAL

☐ If checked, there is material appended which the People are required to turn over pursuant to the United States or the New York State Constitution. The People are aware of their continuing obligation to disclose material exculpatory information to defendant and intend to satisfy that obligation as required by law. C.P.L. §240.20(1)(h).

9. COMPUTER OFFENSES

☐ If checked, discovery is hereby served pursuant to C.P.L. §240.20(1)(j) of the time, place and manner of notice given pursuant to Penal Law §156.00(6), which governs offenses for Unauthorized Use of a Computer (Penal Law §156.05) and Computer Trespass (Penal Law §156.10).

10. POLICE OFFICERS INVOLVED

The following are some of the officers who were involved in the arrest or police investigation.

<u>Name</u>	<u>Shield</u>	<u>Command</u>
Eric Brzostek	5342	MTS Det. Sq.
Thomas Schick	5461	MTS Det. Sq.

11. SEARCH WARRANTS

☐ If checked, a search warrant was executed during the investigation of this case.

D. DEMAND FOR NOTICE OF ALIBI

Pursuant to CPL §250.20, the People hereby demand that defendant supply the District Attorney with (a) the place or places where the defendant claims to have been at the time of the commission of the crime(s) and (b) the names, residential addresses, places of employment and addresses thereof of every alibi witness upon whom defendant intends to rely to establish his presence elsewhere than at the scene of the crime at the time of its commission. Within a reasonable time after the receipt of the information specified above, the District Attorney will submit a list of any rebuttal witnesses, their addresses, and employers.

E. RECIPROCAL DISCOVERY

Pursuant to CPL §240.30(1), the People hereby demand that defendant supply the District Attorney with (a) any written report or document, or portion thereof, concerning a physical or mental examination, or scientific test, experiment, or comparisons, made by or at the request or direction of the defendant, if the defendant intends to introduce such report or document at trial, or if defendant has filed a notice of intent to proffer psychiatric evidence and such report or document which relates thereto or if such report or document was made by a person other than defendant, whom defendant intends to call as a witness at trial; and (b) any photograph, drawing, tape, or other electronic recording which the defendant intends to introduce at trial.

NOTE: Any defense motion or request addressed to the above-captioned case should be directed to the attention of the Assistant District Attorney named below, who is assigned to this case.

Dated: New York, New York
November 27, 2006

Robert M. Morgenthau
District Attorney
One Hogan Place
New York, NY 10013

By: Scott P. Leet
Assistant District Attorney
335-3538